

STORAGE

DETROIT MEDICAL JOURNAL

DETROIT, MICH., APRN. 1901

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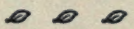
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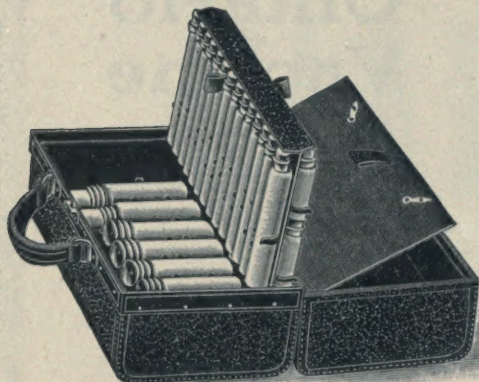
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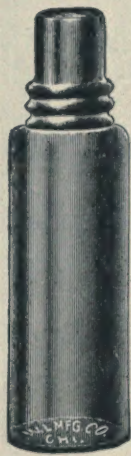
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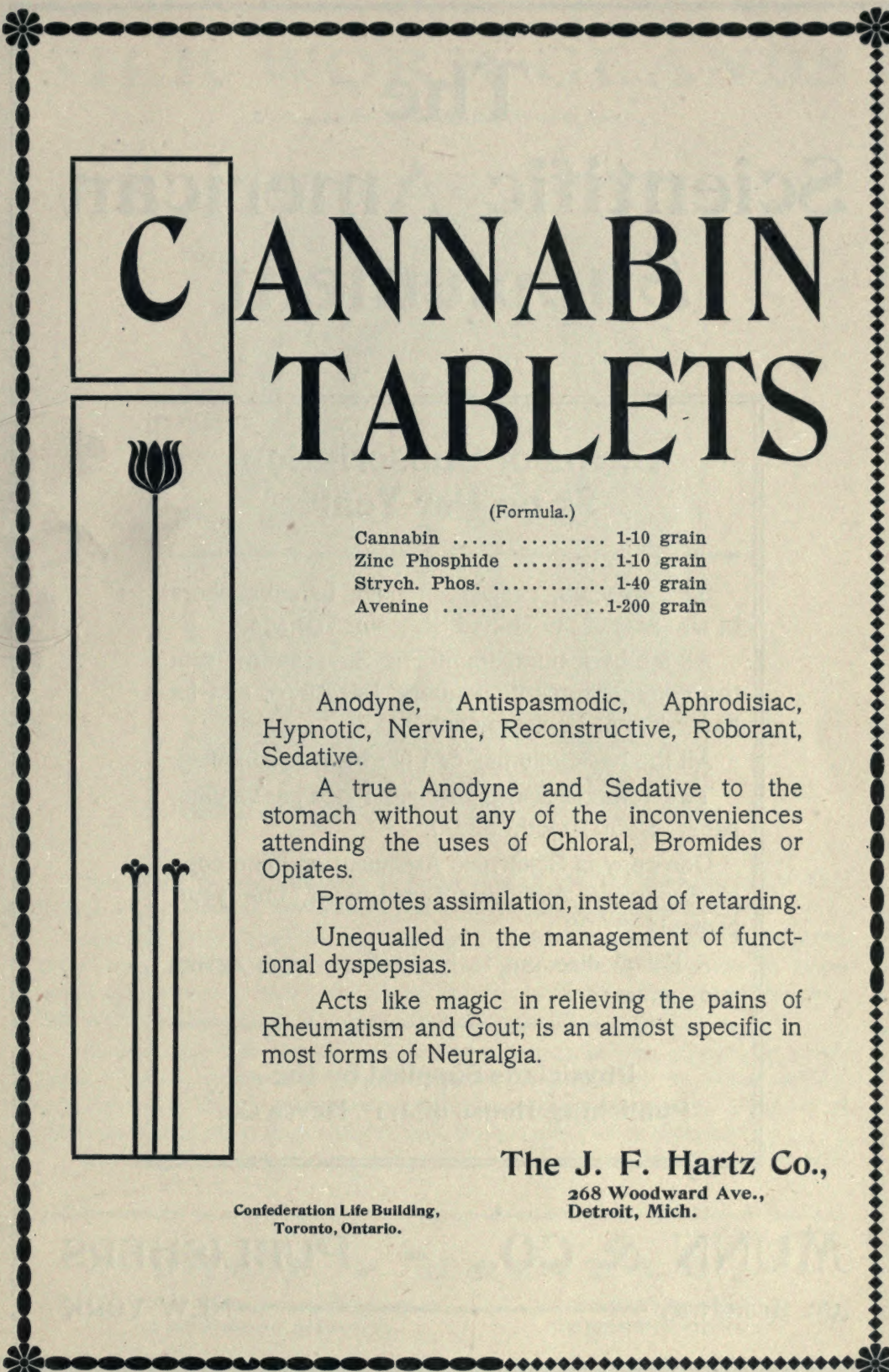
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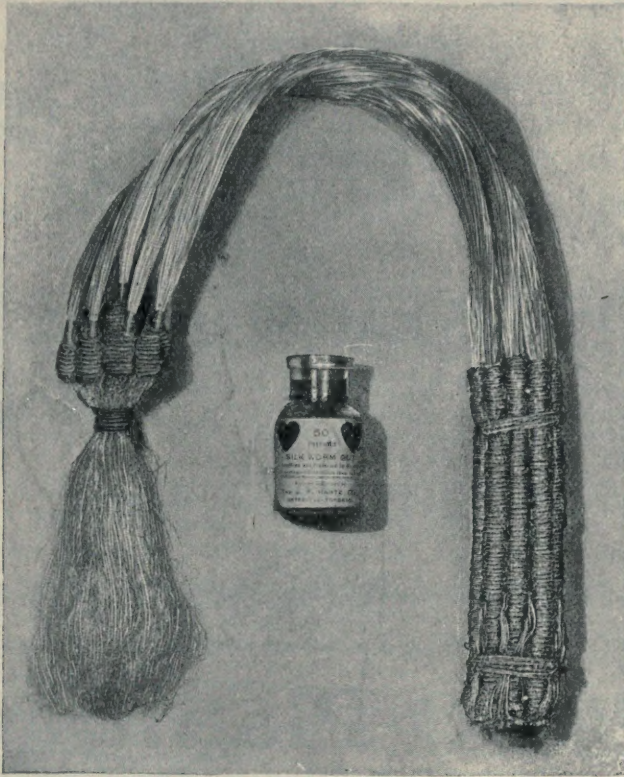
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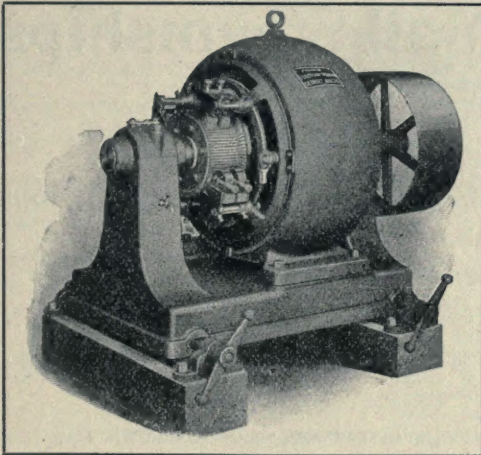
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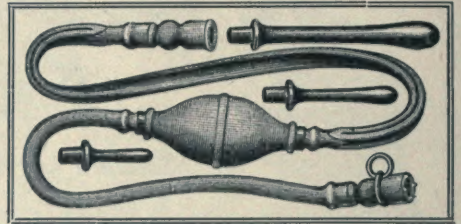
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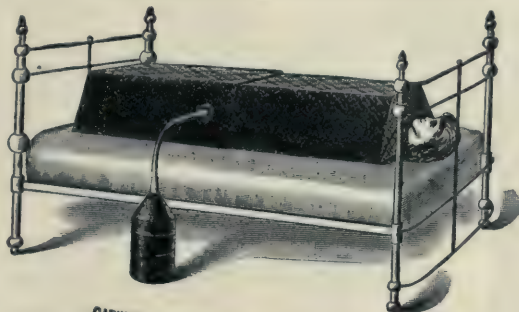
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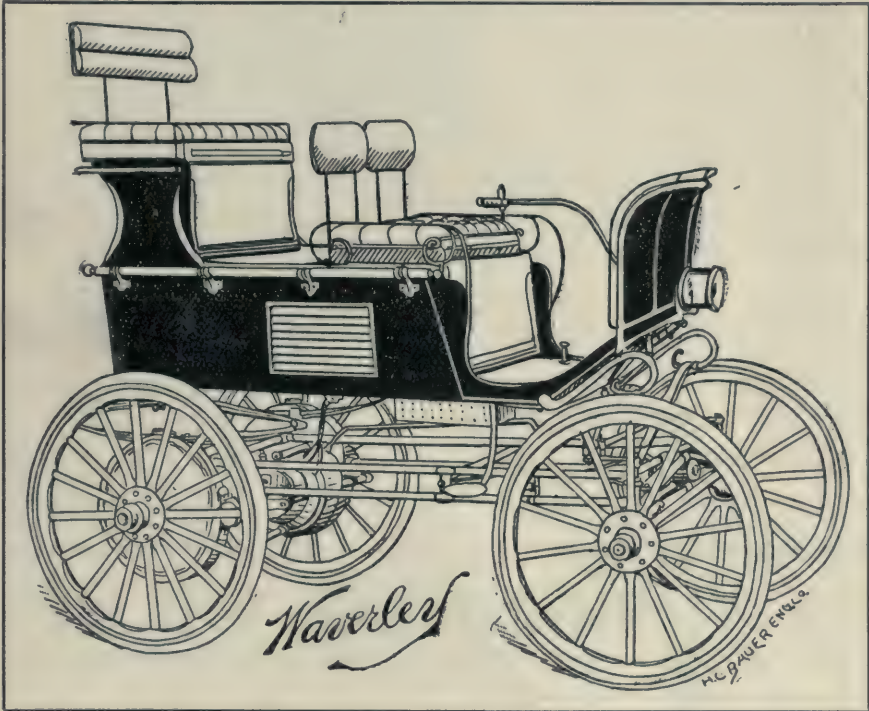
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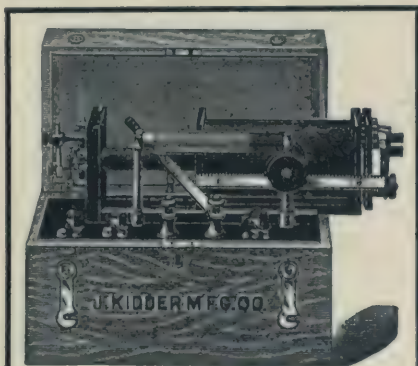
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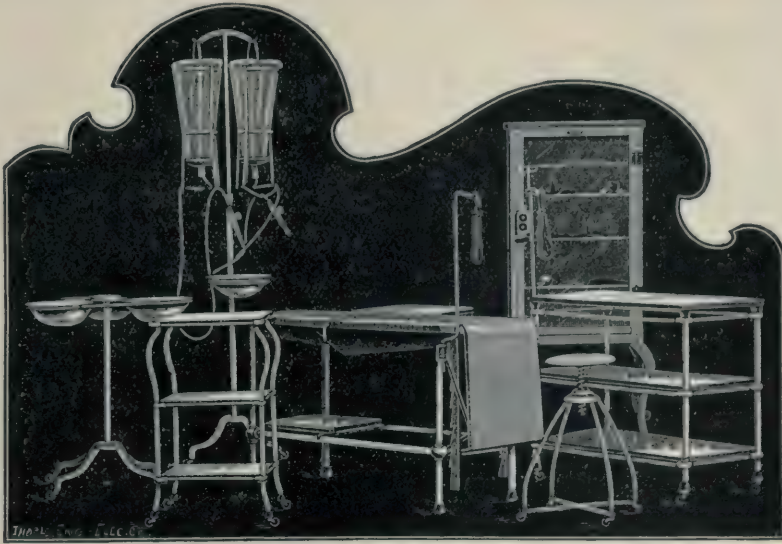
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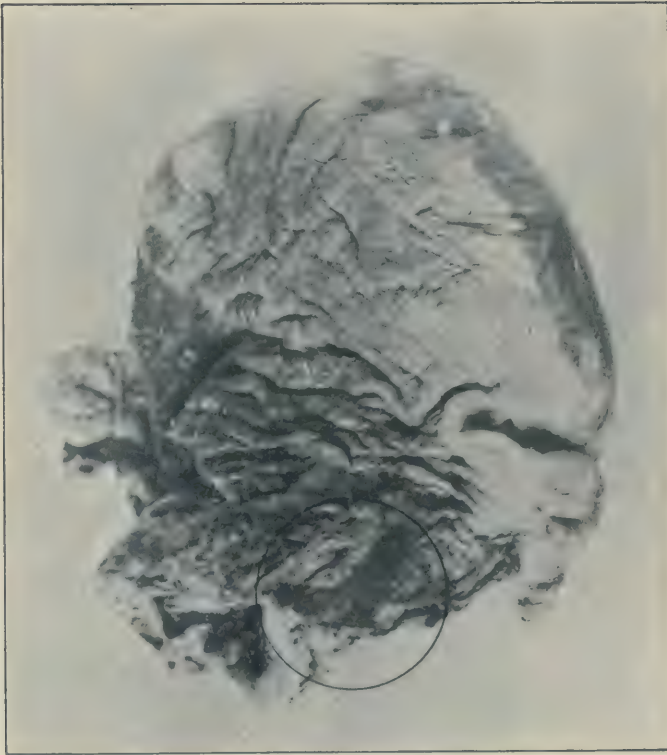

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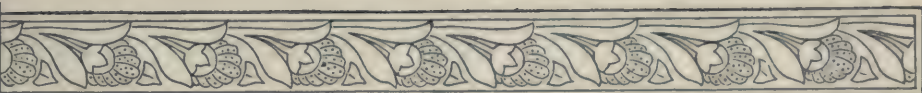
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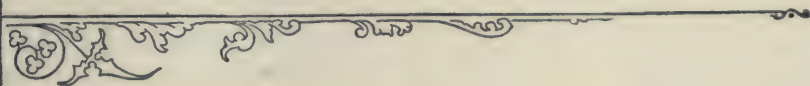


RUPTURED PARTURIENT UTERUS.

(The rupture is in the centre of the circle.)



DETROIT MEDICAL JOURNAL



Original Articles.

RUPTURE OF THE UTERUS.

BY W. P. MANTON, M. D.

Writing, in 1835, on the Deficiencies of the Healing Art with reference to therapeutic unsuccess, Dr. Jacob Bigelow states that "The records of mortality attest its frequent failures, and the inability to control the event of diseases gives evidence that, in many cases, disease is more easily understood than cured."

From the days of Smellie—the first volume of whose remarkable treatise on midwifery appeared in 1751, and who dismisses the subject of uterine rupture with the words: "The rents or lacerations that happen to the uterus are of more dangerous consequence, and indeed commonly accounted mortal; therefore, they demand the utmost care and circumspection, in all the different cases," together with scant directions as to "bleeding" and "spoon-meat" in way of treatment.—to the present time, this appalling accident has been "more easily understood than cured." While the condition was recognized by the Fathers of the art, they mostly agreed in the opinion of Denman (1805), that "there is certainly little chance of any person surviving rupture of the uterus," and

therefore it might be doubted "whether it would be more eligible to suffer the patient to die without giving her further trouble,"—William Hunter looking upon such attempts as "cruel,"—or "hopeless as the case must be," to essay delivery and a cure.

In one of the latest text-books on obstetrics at the close of the nineteenth century, notwithstanding the great additions to our knowledge of the subject, the careful observation of a hundred and fifty years, since Smellie wrote his book, by a host of skilfull men in thousands of confinement cases, with all the advantages of asepticism and the refinement of *technique*, we read the sad confession that rupture of the uterus still "constitutes one of the most fatal as well as most alarming of obstetric complications," while another states that "probably under the best modern treatment about 60 per cent. of the women perish." A mortality of 60 per cent. is either a terrible "attest" to the ineffectiveness of treatment, or, what is more true, indicates the too rapid fatality of the lesion before attempts at rescue can be inaugurated. Death in these cases results from shock, hæmorrhage, or septic infection, the patient succumbing within a few minutes, or lingering for hours or even days. In the first instance, assist-

ance is out of the question, the fatal event being almost immediate. Such a case is the following:—

Protracted labor; high forceps delivery; rupture of the uterus; death immediate from hæmorrhage and shock.—Mrs. R. B., seen at post-mortem with Doctor W. B. Sprague, to whom I am also indebted for notes of the case: The patient, aged 37, had borne three children, the first sixteen years before. The cervix and perineum had been badly lacerated at this delivery, and when she came under Doctor Sprague's care she was, evidently, also afflicted with a pyosalpinx. She suffered much during the last pregnancy from pelvic pains, and would occasionally have a discharge, which she described as "like matter," and following which she was always relieved. Labor finally set in, a month later than expected, with excruciating, inefficient pains. No progress having been made after a lapse of twenty-four hours, forceps were applied with the head in the superior straight. Some force was necessary to delivery, and the child was born asphyxiated. The uterus contracted firmly after the delivery of the placenta. While the doctor turned his attention to the resuscitating of the child, the husband of the patient held the uterus in firm contraction. Fifteen minutes later, the pressure above the uterus having been removed, the patient suddenly screamed out she was dying; the pulse became almost imperceptible, and in spite of hypodermatics of strychnine and digatalin, pressure over the fundus, and other efforts, she passed away within fifteen minutes from the onset of the symptoms.

On hearing the report of the previous condition and the occurrences at time of labor, I expressed the opinion that the patient had sustained a rupture of the uterus and had died from internal hæmorrhage: The autopsy proved this to have been the case. The uterine wall had given way over a space of about two inches, low down in the lower segment on the right side, and hæmorrhage into the peritoneal cavity had taken place. (See frontispiece.)

An analysis of this case shows that after a tedious labor the patient is appar-

ently safely delivered by a difficult forceps operation. But the previously diseased and now exhausted uterus proves unequal to the task imposed upon it; overdilatation of the weakened tissues leads to their giving way as the child passes through the parturient canal; the uterus makes a final effort to repair the damage, but lacking retractive power, it soon relaxes; blood is poured out through the rent, and in a few minutes, almost without warning, the patient is dead from hæmorrhage and shock.

The impotence and ineffectiveness of human skill and wisdom is never more apparent than on such occasions; and the practitioner can only stand by and see his patient perish from the unremediable catastrophe. In those cases, however, in which rupture of the uterus takes place before delivery, with partial or total escape of the fœtus into the abdominal cavity, or where the patient survives the immediate effects of the accident, prompt action and skillful treatment will, in a large number of instances, be successful in the saving of the mother's life. But even under these more favorable conditions, there are many factors which will militate against success, and foremost among these untoward elements is septic infection:

Abortion of a decomposed fœtus at the sixth month; rupture of the uterus during manual delivery; abdominal hysterectomy; death on the fifth day from septicæmia.—Mrs. L. A., seen with Doctor B. P. Brodie, July 22d, 1899. The patient, aged 23 years, mother of one child, was a somewhat spare brunette, of medium height, and of very active, restless habit. Three months before she was treated for general *malaise*: She stated at that time that the menstrual function was regular. In June she consulted the Doctor for a profuse, mal-odorous discharge, and received two or three astringent local treatments with decided benefit. As it subsequently appeared, she was at this time about six months pregnant, but so well did she conceal her condition that no one suspected.

the situation: No local examination was made at this time. It was evidently her intention to rid herself of the undesired products of conception, for she was constantly doing foolish and risky things. A short time before the date mentioned, she one day rode thirty-five miles on a wheel, took a bath, and danced all of the same night. It is not known whether any direct interference with the uterine contents was attempted or not. She was, however, at the time seen, in a thoroughly septic condition, and the foetus had probably been dead some time.

On the morning of July 22d, the Doctor was telephoned that she was having severe abdominal pains, and his attendance desired at once. It was found that she was in active labor, and Doctor F. B. Tibbals was summoned to administer the anæsthetic during the evacuation of the uterus.

The foetus, entirely rotten and breaking down, was removed in pieces by the fingers; no instrument was used, and no force required to get away the disintegrated remnants. While thus engaged the Doctor was startled by the appearance of a foot or more of small intestine protruding from the vulva. The utero-vaginal canal was at once washed out with a mild antiseptic lotion, the intestine carefully replaced, and the uterus packed with iodoform gauze. It was at this time that I was sent for.

When seen the patient was still conscious, but very weak with a pale and anxious countenance, rapid pulse, and presented all the signs of active internal hæmorrhage. Although the conditions were exceedingly unfavorable, it was decided that the only chance for life lay in laparotomy and the immediate control of the hæmorrhage. Operation was therefore undertaken after the shortest possible delay.

On opening the peritoneum, the lower abdomen and pelvic cavity were found full of fluid blood which welled up in large quantities from deep below. The intestines appeared dull and lustreless, and a loop of small gut, fully six inches long, was found plugging a rent, about three inches in length, low down in the right side of the uterine wall (lower uterine segment). The liberated intestine was blackish and gangrenous in appearance. An attempt was made to

pass a suture through the uterine tissues to control the bleeding, but the parts were so soft and friable that the ligature cut through on the slightest traction and failed to hold. Forceps were then applied to each broad ligament, and the entire uterus cut away. The vessels were then separately ligated—a matter of great difficulty on account of the softness of the tissues,—the clamps removed, a glass drainage tube inserted, and the abdominal wound closed. Ample drainage through the vagina was also provided for.

Under the influence of moist heat the intestines had so far resumed a healthy appearance that it was considered unnecessary to perform resection. The patient was put to bed in a fairly good condition, with a pulse of 100, and a temperature of 100.4 degrees. During the succeeding days a desperate fight for life was made, but in spite of every effort, including the use of antistreptococcus serum, the patient finally sank and died at the close of the fifth day.

In the foregoing we have another hopeless case; hopeless, not on account of the rupture, but because of the previous septic condition which rendered operation, and every subsequent therapeutic measure employed, unavailing. It is largely due to the two classes of cases, examples of which have been cited, that the mortality of uterine rupture must ever remain high: If it is to be lowered at all, the improvement must come, first from prophylaxis, and second from the immediate recognition of the condition and prompt surgical intervention.

In the total rupture, of which this paper solely treats, the abdomen should be opened as soon as possible, the hæmorrhage checked, the cavity of the peritoneum cleansed of blood and clots, and the uterus—except in septic cases where the organs may have to be removed—packed into the rent with gauze, and the abdominal wound closed.

Only by prompt action and skillful treatment in some such manner as that indicated, can we hope to save the unfortunate patient, and improve the statistics

of this deplorable and usually fatal accident.

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NINE CASES OF MELANCHOLY TREATED BY THYROID EXTRACT.

BY SAMUEL BELL, M. D.*

Space will not, in this brief paper, permit a detailed account of the various mental and physical phenomena in each case. Some suffered from a mild form, while in others the severity was more marked, the indications being that they would pass into a chronic state and eventually be numbered among the hopeless demented. Nearly all cases had been subjected to other lines of treatment, which seemed to be indicated in each particular case, such as re-constructive tonics, the various forms of electricity, exercise of different kinds, but with very little, if any, improvement. Five cases were very much benefited, and to all appearances, entirely well; their periods of mental depression had passed away, nutrition in general was vastly improved, and a brighter and more cheerful condition took the place of despondency and dejection, to the great gratification of friends and all others concerned. Two of the five have since suffered a mild relapse, while one who did not improve at the outset has since done so, having gained in flesh, and developed a brighter mental condition.

Blood examinations were made prior treatment, and weekly during treatment and subsequent thereto; these consisted of enumeration of the red and white corpuscles and the estimation of the percentage of hæmaglobin in each case. The counts were made with the Thoma-Leitz instruments, also by centrifugilization, and the percentage of hæmaglobin estimated by Fleischl's hæmometer. In normal

blood, in adult life, the average number of red cells per cubic metre is estimated at about five millions for men and four millions five hundred thousand, for women,—the normal number of white cells per cubic metre is seven thousand five hundred. In hæmaglobin examinations, one hundred per cent. is considered normal when using Fleischl's instrument.

These examinations were made in order to determine the relative condition of the blood cells and coloring matter in cases of melancholia, accompanied by or without anæmia; also the effect of the thyroid treatment upon the blood.—It is now known that the color of the cheeks, lips, tongue and conjunctivæ is not a true guide to diagnosis in cases of anæmia. In some cases the red corpuscles increased and the white decreased, while in others the reverse appeared to be the outcome of the thyroid treatment; in some, also, the amount of hæmaglobin was increased, and in others, lessened.

There are, according to some very reliable authorities, two main theories advanced of action of thyroid: The first is that of Auto-infection—The thyroid gland having for its function the destruction of the natural toxins, and that without the latter we have the condition known as myxœdema: The second is the Internal Secretion theory, the thyroid being considered as a secreting organ: The secretion is taken up by the lymph vessels and is necessary to the proper metabolism of the body, especially for nervous and connective tissue.

According to either of these theories, the administration of the desiccated gland supplies the lacking secretion, which may be some chemical substance that is necessary to health or even life.

Ewald, in a pithy sentence, states that the gland acts as an anti-toxin against certain elements that appear as by-products of tissue change. The exact constituents of this substance have never been

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definitely made known. An organic iodine compound from the sheep thyroid has been extracted, called Thyro-Iodine, and in the present state of our knowledge the weight of authority is in favor of this being the effective chemical agent in thyroid therapy.

The *rationale* of this method is not very clear. It may be of great value in mental diseases as a method of diagnosis, but it is difficult to comprehend just how this treatment could improve a case where degenerative changes have taken place in the cell structures. Based on the theory of auto-infection, frequently cases have occurred where malaria, typhus and pleurisy seemed to develop in the circulation anti-toxins that have resulted in curing cases of mental disease; it is not unreasonable, therefore, to suppose, that in cases of mental alienation due, it may be, to some toxin, rather than to a lesion of the brain, the action of the thyroid is to promote metabolism. This being the case, the utility of thyroid therapy is obvious.

In the series of cases treated by me, it was observed that those who were not benefited were developing symptoms of organic disease, and passing into a condition of chronic dementia; while in those who were improved, it is a reasonable deduction, on the basis of the anti-toxin theory, that the condition was functional, and that cellular disorganization had not taken place.

It was noticeable in some that the minimum dose would produce a systemic effect more rapidly than would a maximum dose in others. Also that every case required close observation and the dose to be graduated in accordance with the effect produced upon the nerve centres and circulation: In other words, every case must be a law unto itself. Fifteen grains *per diem* was the maximum dose to commence with, and in some gradually increased to fifty in accordance with the indications.

The field of thyroid therapy, in the light of our present knowledge, is quite limited; experimental data have accumulated during the last year indicating various results. The most favorable, also the most reliable, given to the International Congress of Medicine, at Weisbaden, were by Ewald, in epileptic psychoses, acromegaly, rachitis and Basedow's disease; also by Bruns, on goitre, of the follicular variety; cretinism was reported on by Schmidt; tetany and acromegaly by Schultz.

Since beginning this series of experiments in cases of anæmia, accompanied, or preceded, by melancholia, I have observed some recent results (some of which were very good) obtained by Doctor Babcock, of the St Lawrence State Hospital, New York, in a variety of selected cases both of mania and melancholia.

Detroit, Michigan.

CANNABIS INDICA AND ITS THERAPEUTICS.

BY DR. G. ARCHIE STOCKWELL, F. Z. S.

Latterly, this drug, in consonance with botanical nomenclature, is confounded with *Cannabis sativa*. While it is true that hemp is simply *hemp*, the world over, the remedial virtues of the plant are greatly modified—enhanced or placed entirely in abeyance—by latitude, soil, climate, and prevailing meteorological conditions: Notoriously the hemp of Europe and America is nearly inert as compared with that grown in India, and here the product of the Vale of Cashmere is recognized as superior to that grown in any other portion of the Orient. It is, therefore, to be regretted, that manufacturing pharmacists, who are governed chiefly by sordid considerations, find it convenient for the most part to follow the botanist rather than the therapist, and thereby evince a carelessness as to sources of supply that is little less than criminal; even the plea of assay, of which so much

is made, conveys nothing, since it has for its basis the amount of "total extractives," and these latter constitute a very uncertain factor, one that is practically valueless, since the real virtues of the plant are, apparently, derived from a volatile principle; and even the so-called physiologic test, as manifested by the action of the drug on Guinea pigs and rodents, offers no reliable guide.

"*Cannabis Indica* has a similar appearance to our *Cannabis sativa*, but the two are very different in properties; and it is remarkable that the former is apt to lose its effective virtues when transmitted to Europe—even the resinous extract prepared in Calcutta was less energetic at London than in India. So, too, the drugs derived at different elevations exhibit great differences in therapeutic properties, and those grown at less than 6,000 feet elevation are practically inert.—HONNIBERGER.

The chemistry of *Cannabis Indica* has never been thoroughly worked out or understood. The resin or *churrus*, according to Egasse, is the active principle, to which he gives the name Cannabin, and this is seemingly born out by the fact that the American- or European-grown drug is sadly deficient in this constituent. The crude Cannabis, as marketed, should be in the form of the dry flowering-tops of the female plant, "Gunjah," rich in *churrus*, whereas the drug as commonly found in shops is often, manifestly, of home growth, since it is even sold in powdered form—good Indian "Gunjah," because of the contained resin, can not be powdered successfully unless it has become wholly inert through deterioration, or is overwhelmingly adulterated with some extraneous matter.

Again, fluid extracts made by percolation, with possibly few exceptions, are practically inert for the purposes for which Cannabis is to be valued. The cheaper fluids have their alcohol recovered and glycerin substituted, whereby they are deprived of most of their medicinal properties, such *churrus* as originally obtained to the drug being lost in the process: So, too, most solid extracts, ow-

ing to the prolonged heat to which they are necessarily subjected, are equally defective. The only forms of extracts, solid or fluid, that can be relied upon with any degree of certainty, even if derived from a good quality of crude drug, are those made *in vacuo*.

The preparations known as Cannabin-don, Cannabine alkaloid, Cannabin tannate, Cannabinindon, Cannabine (liquid), are very uncertain in their remedial effects; the most constant of all is Cannabin, the *churrus* before noted, and which is employed in the Orient for the purpose of making intoxicating beverages, to smoke, and to make "hemp butter;" it is also the chief constituent of the Arabic *hasheesh*, Hindu *'bhang*, and Mohammedan *majoon*, all of which are practically identical, and likewise contain a portion of stramonium. Cannabis butter is made by boiling together equal parts of *ghee* and clean hemp-tops, and is employed clear, or made up with spices and sugar into bon bons, or lozenges, with the aid of gum tragacanth—an unsuccessful endeavor was made by the late Germain Sée to introduce these latter into medical practice.

As a whole, Cannabis is one of the most reliable of drugs, but as already remarked, is in this country sadly handicapped by the uncertainty which attends most Pharmacopoeial preparations of the same. As it now stands, any given preparation has to be experimented with to determine its real value; there is, however, one thing to be said in favor of the empirical administration of these preparations, namely: While the drug in large doses appears toxic, and in spite of the enormous quantities (relatively) that have on occasions been ingested, either through accident or purposely, a case of death directly referable thereto has yet to be recorded. Some years since the writer, in the interests of therapeutic certainty and uniformity, suggested importation in

sealed tins direct from India of the *churmus*, and latterly this form has made its appearance under the title of Cannabin, which seems to be in every way representative of the true virtues of hemp.

Cannabis is anodyne, anti-spasmodic, aphrodisiac, in some slight measure diuretic, besides being hypnotic or soporific, nerve stimulant and oxytoccic.

Minute doses are sedative to the spinal centres, and in order to secure the best effects should be administered with great regularity and frequency. Slight contraction of the pupils may be manifested when given in this way, but there is invariably inculcated a feeling of comfort and well-being. In nervous maladies the effects are so pronounced and satisfactory that the drug may be considered largely in the light of a neural-panacea; at the same time the tendency is to steady the action of the heart, hence its value in certain functional cardiac disorders.

In larger doses Cannabis is anodyne and anti-spasmodic, the influence being manifested through the brain and spinal cord.

In full doses the drug is, first of all, a stimulant, inducing increased arterial tension, followed by exhilaration, being ultimately succeeded by drowsiness, sleep, and even stupor that may simulate catalepsy; but the awakening is marked by utter freedom from *malaise*, nausea, head-ache, or other of the concomitants that obtain to the usual administration of narcotics and stimulants. The preliminary effect is more powerful and lasting than that of opium, and the slumber induced is not infrequently disturbed by dreams and spectral delusions.

When smoked, or the fumes inhaled, Cannabis frequently induces singular muscular erethysm and agitation, succeeded by disagreeable hallucinations and stupor; sometimes even when taken internally in over doses, homicidal delirium is developed, hence the application of the

term *hasheesh*, which is derived from "haschashins" or "assassins." During a very brief period in which the sleeper is under the influence, it may seem to him that years have elapsed; again, the constant use of the drug has a marked effect upon the sensory nerves, which is evidenced by numbness and tingling, ushering in cutaneous anæsthesia and diminution of muscular sense. Appetite is generally stimulated, and decided aphrodisia is by no means infrequent.

Nervous Maladies.—In senile insomnia with wanderings, Cannabis has no equal:

An elderly person, perhaps with brain softening, is fidgety at night, goes to bed, gets up, thinks he has some appointment to keep, that he must dress and go out; daylight finds him quite natural again. Here, nothing can compare in utility to the drug in moderate doses. —REYNOLDS (*The Lancet*, London, March 2nd, 1890).

In alcoholic subjects, however, it is apt to prove uncertain except, perhaps, in *mania a potu*; here it is often most satisfactory in its action, resembling more than anything else opium and wine, but is more certain than this combination. In a few moments a great mental change is induced; and the "horrors" are rapidly dissipated, the nerve hyperæsthesia quieted, and the patient brought to a condition of cheerfulness. Nevertheless, great discrimination is demanded; for this drug is not applicable to every case of delirium tremens.

In melancholia it is often serviceable by converting depression into exaltation, but here also great judgment is required in administration. In the occasional night-restlessness of paretics, and the "temper disease" of Marshal Hall, it has proved eminently useful; so, too, in migraine, in neuritis, and in neuralgia, it is by far the most useful and potent remedy, even when the malady is of long standing: and many victims of diabolical "sick-headaches," have for months, even years, at a time, kept their sufferings in abeyance by taking a dose of Cannabis immediately upon the first evidence of an attack.

It is somewhat surprising that this remedy has not found more general favor in the management of migraine. The solid extract given in form of a pill in dose of from one-third to one-half grain is often magical in its effects:

When the patient suffers constantly, or is liable to an attack on the slightest provocation, the pill may be taken three times a day, for many weeks at a time, without the slightest fear of any untoward effects. Should the patient not speedily obtain relief, care must be taken to ascertain that the extract employed is physiologically active. Excellent results are often obtained by administration of pills containing four grains of Cannabin tannate, one being given three times a day after meals.—MURRELL (Manual of Therapeutics, 1896).

No remedy is so effective in relieving the lightning pains of ataxia; again, in chronic spasm, whether epileptic or choreic, and in the eclampsias of both children and adults, it is of marked service.:

In brain tumors and other maladies in the course of which epileptic seizures occur, followed by coma, the coma being followed by delirium, first quiet, then violent—the delirium then passing into convulsions, and the whole gamut being repeated—Indian hemp will at once cut short such abnormal activities, even when all other treatment has failed; but in genuine epilepsy it is of little avail.—REYNOLDS. (*The Lancet*. London, Vol. 1, 1890.)

So, too, in tetanus, Cannabis has been found very effective at times, and even when it is not curative, *per se*, it seldom fails to afford some measure of relief.

The usefulness of this drug in allaying any form of morbid nervous irritability has led to the suggestion it might prove beneficial in vaso-motor coryza. Despite the idea is both commendable and rational, the writer is unable to secure any evidence, pro or con, except that afforded by his own experience, and this is limited to three cases wherein the drug was given in small and repeated doses (one minim of a reliable fluid extract, every half hour) in conjunction with sodium bromide (thirty grains every third hour in a goblet of water). The effects certainly were all that could be desired, but the value of the experiment was greatly lessened by the fact the sufferers, after a couple of days, left for a locality known to afford immu-

nity as regards "autumnal catarrh," and did not return again until the "hay-fever" season had passed. Cannabis, however, both when ingested and inhaled by means of cigarettes, is often efficacious in other forms of catarrh that are accompanied by asthmatic seizures.

Intestinal Maladies.—Indian hemp is still the favorite remedy for epidemic cholera in the Orient, and patients in actual collapse have frequently been revived and recovered by means of a full dose of the drug. If the theory of Alexander Harkin is possessed of a measure of truth—that cholera is a form of neurosis,—it is reasonable to suppose that where its ingestion is possible, and the drug administered in frequent and continuous doses, or it can be administered hypodermatically, it will prove highly efficacious. The writer has employed it with almost unparalleled success in cholera infantum, and cholera nostras. "In the epidemic which visited Calcutta in 1838," says Edward Waring, "Cannabis was used very extensively, and the reports thereon were in the highest degree favorable."

Doctor O'Shaughnessy (Bengal Dispensary) declares he knows no remedy equal to it as a general and steady stimulant when given in doses of thirty minims of the tincture during the tractable stage of the disease. "Even a single dose has been known to work wondrous transformation—the pulse and heat returned, and the purging was checked." It certainly allays vomiting much more effectively than opium, and is not at all likely to lead to cerebral congestion.

Doctor Willemein, of Cairo, in a paper before the Academy of Medicine, Paris, related several cases successfully treated with this drug; in one instance, the patient, who was already collapsed, revived immediately upon the ingestion of the remedy. He adds:

"It seems to stimulate the nerve centres at a period when their influence is all but sup-

pressed, thus actually preventing the extinction of life."—*Medical Times*, London, Vol. XLX.

Rheumatism.—In acute rheumatic disorders, or the multiform miseries of the gouty, there is no remedy with which the writer is familiar, so prompt and efficacious if judiciously administered. It not only relieves pain, but appears to be most effective in favoring the elimination of uric acid. Cannabis, colchicum and sodium iodide, in full doses, constitute a trio that can not be equalled, especially when administered in conjunction with an occasional colocynth or podophyllin pill at night. Modern experience has failed to elucidate anything superior to this old-fashioned treatment, especially when supplemented by Cannabis.

In the chronic forms, though Cannabis has been lauded for both its analgesic and curative effects, it is questionable if it deserves the many encomiums bestowed. This much may be said, however, that while it tends to alleviate pain, and in this way may be a valuable drug, it also increases appetite and inculcates mental cheerfulness.

Cardiac Maladies.—In violent palpitations of the heart the drug is often markedly remedial, especially when the non-utility of all other agents has been proved. The late Doctor Christison, of London, to the end of his long busy life, especially extolled it; he employed it in a large number of instances with unequivocal effect, and by its aid succeeded in relieving a case of twenty-one years' standing.

Respiratory Diseases.—Cannabis is also a capital sedative to the upper respiratory tract, and is a favorite factor in many cough mixtures. It is especially indicated in that form of influenza which is popularly termed "*la grippe*."

Fothergill long ago commended its use in phthisis pulmonalis:

It most perceptibly relieves the cough; it aids by its stimulating and exhilarating quali-

ties, and supplies a place that cannot be filled by any other drug.—Lees (*Medical Record*, Vol. XLIX).

Skin Diseases.—In eczema and other cutaneous disorders accompanied by intolerable itching, the drug gives relief when local treatment does not; but it must be employed in a way to secure its full and prompt effect:

In skin diseases associated with intense itching, particularly senile pruritus, when local applications fail to relieve, it is often of great benefit; and, though there are rarely any untoward manifestations, it is best, perhaps, to give at first in small doses, and then gradually increase.—Mackenzie (*La Semaine Médicale*, Nov. 14, 1894).

Digestive Disorders.—In the treatment of gastric neuroses and gastric dyspepsias, as well as other digestive maladies, *Cannabis Indica* is not only one of the most available of drugs, but every way preferable to the opiates in that it does not inhibit (but, instead, increases) appetite; neither does it interfere with the secretions, nor constipate, or check the flow from the kidneys:

It allays painful sensation and improves appetite. It has no action on atony or dilatation of the stomach, but is of great service in promoting stomach digestion where there is hyperchlorhydria; in anachlorhydria it acts feebly. Intestinal digestion is improved by its use.

On the whole it may be considered as a true sedative to the stomach, and it lacks the disadvantages that accrue to all other drugs usually enumerated in this class.—Germain See (*Bulletin Generale de Therapeutique*, July 29th, 1890.)

In anorexia following exhaustive diseases—where there is repugnance and intolerance of food in almost every form, that is not relieved by acids, nux vomica, and bitters—from five to ten minims of tincture of Cannabis, or one-fourth to one-quarter grain of the solid extract, given three times daily before meals, often brings back the appetite in two or three days. In dyspeptic diarrhœa, and the first months of true tropical fluxes, it is often of great service. Tropical diarrhœa is primarily and essentially a disease of the liver, and mercurials should be administered for their alterative effect, while the Cannabis acts by diminishing the irritability and excessive peristalsis of the intestines.—McConnell (*The Practitioner*, London, Feb. 18, 1898).

Cephalalgia.—Aside from its use in migraine, before noted, this drug has been lauded in the treatment of functional headaches as well as those severe forms attending intra-cranial growths of cere-

bral origin, or where the cephalalgia is dependent on uræmic poisoning:

It is almost a specific for that continuous forms of headache which begins in the morning and lasts all day, the pain being generally dull and diffuse, but marked by occasional exacerbations.—Mackenzie (*La Semaine Medicale* Nov. 14, 1894).

Renal and Urinary Maladies.—In Bright's disease where the urine is tinged with blood, in all forms of urethral spasms, for chordee, and in the acute stage of gonorrhœa, in vesical irritation, and in spermatorrhœa, *Cannabis* frequently exhibits powers that appear little less than magical:

It has been used in spasm of the bladder, and found a most available remedy in gonorrhœa and chordee.—Butler (*Materia Medica and Therapeutics*, 1896).

Some authors accord *Cannabis* the highest reputation as a diuretic in acute and chronic Bright's disease, and consider that bloody urine is a special indication. It is said to relieve dysuria and strangury, and to be useful in retention of urine dependent on paralysis from spinal disease.—Ringer and Sainsbury (*Handbook of Therapeutics*, 1897).

Reproductive Organs.—*Cannabis* is especially available for sensitive ovaries; indeed, it seems sedative to the entire pelvic contents, and it is thus that it acts as an aphrodisiac, by allaying functional nerve irritation and not, as has been supposed, by stimulating erethism—and yet, the latter effect may be had from intoxicating doses, but is apt to be most fleeting, or else assume in man the form of priapism, and in woman of nymphomania, that is not gratified (much less satisfied) by sexual indulgence.

It exerts a very marked effect upon the reproductive apparatus. In the early stages of gonorrhœa small doses, combined with gelsemium, will subdue the disease much sooner and more safely than the old method of ruining the digestive powers with large doses of copaiba and turpentine. Combined with gelsemium it subdues inflammation of mucous tissue. In spermatorrhœa, in highly nervous subjects, it is especially valuable. It will do good service combined with pareira brava in cases of irritable bladder.—Goss (*Materia Medica and Special Therapeutics*, 1889).

In menorrhagia and other uterine fluxes, Hemp is often invaluable if judiciously employed; and so, too, it may be of

the utmost efficacy in checking an impending abortion. Its power upon the gravid uterus, inactive through inertia, serves a purpose that can be obtained through no other remedy so successfully. It is equally reliable in preventing post-partum hæmorrhage, or as a remedy after "flowing" has begun, but requires to be given in full doses, and perhaps fortified with ergot. Here half-drachm or even drachm doses of the best fluid extract may be given, since—strange to say—in such cases it never exhibits its ordinary physiologic effects—there is no excitement, no intoxication, and no tendency to somnolence, only a feeling of quiet, well being, and that the condition is one of perfect safety.

It is very often used in menorrhagia or dysmenorrhœa. Has also been recommended in impotency.—Ringer and Sainsbury (*Handbook of Therapeutics*).

After all has been said, it must be admitted that few practitioners understand the real value of *Cannabis Indica* probably on account (as before remarked) of the inconstant character of the preparations found in shops. The *Cannabin* (*churrus*) and *majoon* imported from India in tin foil wrappers, are usually both uniform and palatable, but unfortunately difficult to procure.

Regarding Liquor *Cannabis*, for which Doctor Cowan Lees (*British Medical Journal*, Feb. 9, 1895, claims all the benefits, and none of the draw-backs, of the ordinary tincture (by avoiding those extreme exhilarating conditions bordering on intoxication that are sometimes met with): It may be prepared as a strong aqueous extract of the flowering tops of the female plant, and of the usual strength of fluid extracts. It possesses the anodyne and soporific action generally ascribed to the resin, although in a modified degree; has the characteristic odor of hemp; is of a beautiful deep amber color; and, above all, is miscible with other liquids. "It does not interfere

with the secretion of mucus from the bronchial glands, a circumstance which renders it superior to opium preparations."

Detroit, Michigan.

THE MEDICAL LIBRARY.

BY HOMER E. SAFFORD, M. D.

It is a common observation that the number of professional men who avail themselves of the Medical Division of the Detroit Public Library is far short of the number who must be assumed to take an interest in medical literature. To the casual observer, it is natural to believe this neglect is due to a lack of interest, but medical men who have made a practice of using the library as it has been, are ready to aver this is not the potent influence toward keeping the profession away. There are three reasons, at least, why the library did not meet the needs of the busy practitioner, much less those who aim at deliberate and careful research, viz.: Imperfect presentation of material by catalogue: Imperfect arrangement of books on the shelves, and: Failure to present the latest authoritative work on developments in medical science.

From the standpoint of the library management, there existed facts which made a real remedy anything but easy, and on the face of the evidence, the management has, in ample measure, been justified in the seeming indifference manifested towards this department.

An attempt at revival, however, was inaugurated in December last, when the Librarian, through the public press, invited suggestions from the profession as to how the medical division could be made most effective. The matter was also brought before the medical societies, when ample proof was afforded that real interest was not lacking. By the Detroit Medical Society the writer was made one of a Committee to carry to the Library Commission any suggestions which

might be gathered from individual members, and to report what could be done toward placing the library and the profession in closer touch. Later a permanent committee was appointed to carry on the work.

The spirit in which the Library Commission and Librarian have accepted the offer of assistance from the Committee is a source of gratification to the latter, and the hearty support and co-operation of the individuals of the profession, both in and out of the Detroit Medical Society, are further evidence of an active interest which will eventually bring improved conditions.

In calling the attention of medical men to the encouraging prospect offered. I can do no better than to state what is being, or will be done, to remedy the existing shortcomings.

It goes without saying that a ship would be about as useful without a rudder as a modern library without a satisfactory card catalogue. Much time and money was spent in making a card catalogue, but one great fault existed that was overlooked; viz., the entire lack of classification. A card catalogue will be useful or otherwise according to whether or not the individuals employing the same secure what is desired. The trouble here was aggravated by the fact that numerous cross-references referred to each other rather than to books on the shelves, and by the time one had gone over a number without finding a reference to authority, he became discouraged; as a matter of fact, where one needs a catalogue of authors or of subjects many times, he needs but once the kind of cross-references found here. Now if one consults the catalogue he will be able to turn immediately to authors, subjects, or the cross-references, independently of each other. A thorough renovation of the catalogue is in progress, which will require some time, owing to

the change in numbering; but this will ultimately bring greater ease and facility of reference.

Regarding the arrangement of books on the shelves, the difficulty is best explained by saying the system of classification employed in the library generally has heretofore been only in part applied to the medical division. For the purposes of the library attendant who simply wishes to find a particular book, the arrangement was satisfactory; but for the purpose of quickly seeing, by a glance at the shelves, what is the extent of literature available on any particular subject, the classification was altogether inadequate.

In order to facilitate the use of the library to the profession, it seems desirable to present a few of the particulars of the Dewey system in vogue, so far as it applies to medical literature. In the first place the whole of literature is divided into: 0. General Works; 1. Philosophy; 2. Religion; 3. Sociology; 4. Philology; 5. Natural Science; 6. Useful Arts; 7. Fine Arts; 8. Literature; 9. History.

Turning to Subject 6 (Useful Arts), we find it subdivided: 600. General Works on Useful Arts; 610. Medicine; 620. Engineering; 630. Agriculture, etc.

Again, under Medicine we find: 610. General Works on Medicine; 611. Anatomy; 612. Physiology; 613. Personal Hygiene, Gymnastics, Training; 614. Public Health; 615. Materia Medica and Therapeutics; 616. Pathology, Diseases, Treatment; 617. Surgery, Dentistry; 618. Obstetrics, Diseases of Women and Children; 619. Comparative Medicine, Veterinary Medicine.

Thus far in classification the medical library has heretofore conformed in general to this plan; but "since there was no medical expert in the cataloguing department," the more accurate classifying of books according to special subjects and sub-topics had not been attempted. Re-

lying wholly upon the Cutter system of numbering from this point, the alphabetical arrangement left books on widely diverse subjects standing together.

Now, if one who wishes to find quickly where books on a certain subject stand, it is necessary to be familiar with one more step in the scheme of classification, at least in so far as it concerns 616, 617 and 618; they are as follows:

616.0. General works on Pathology, Internal Medicine, Diseases and Treatment:

616.01 *Ætiology, Germ Theory,*
Classification:

616.021 Bacteriology:

616.022 General Pathology:

616.03 Symptomatology and General Practice:

616.07 Diagnosis, Study of Diseases, etc.

616.1 Diseases of the Circulatory System:

616.2 Diseases of the Respiratory System:

616.3 Diseases of the Digestive System:

616.4 Diseases of the Lymphatic System:

616.5 Skin Diseases—Dermatology:

616.6 Genito-Urinary Diseases:

616.7 Diseases of the Locomotor System:

616.8 Diseases of the Nervous System:

616.9 General Diseases.

616.91 Infectious Diseases:

616.95 Venereal Diseases, etc.

617.0 General Works on Surgery:—

617.1 Injuries:

617.2 Infections and Results of Injuries:

617.3 Orthopædic Surgery — Deformities:

617.4 Surgical Operations:

617.5 Regional Surgery:

617.6 Dentistry—Diseases of the Teeth:

617.7 Ophthalmic Surgery — Diseases of the Eye:

617.8 Otology—Diseases of the Ear:

617.9 Operative Surgery; Appliances, etc.

618.0 General Works on Diseases of Women and Children:—

618.1 Gynæcology:

618.2 Obstetrics:

618.3 Pathology of Pregnancy:

618.4 Physiology of Labor:

618.5 Pathology of Labor:

618.6 Physiology of the Puerperal State:

618.7 Pathology of the Puerperal State:

618.8 Obstetrical Operations:
618.9 Diseases of Children.

I have given this general outline because the classification not only gives a clue to the location of material on the shelves in book form, but any number taken from it will lead one to corresponding subjects in current medical literature by the aid of the *Bibliographia Medica*, a monthly index of periodical and current medical literature. The plan of arrangement of the material thus presented is practically identical with that for library classification.

This brings to consideration of what is being done toward making the medical library a more live, "up-to-date" agency for scientific work. To begin with, the Commission allowed a reasonable amount for subscriptions to medical periodicals; but the committee also asked the privilege of obtaining the more common of these publications, by donation, in order that the money appropriated may be employed to purchase serial literature beyond the reach of the ordinary practitioner. The responses to this effort may be accepted as evidence that the profession is interested in having good library advantages. Many promised to give, and many others to subscribe, to journals, both foreign and domestic, not already on the list; so that it can safely be predicted that between seventy-five and one hundred high-class journals will eventually be accessible. No general canvass of the physicians of the city was attempted, although as many were seen as the Committee's time would permit—doubtless many more journals could still be obtained for the asking. It is to be hoped that any who are willing to help this plan of contribution, will let the fact be known. It should be explained that the plan provides for a periodical collection of the journals subscribed, so that the publication comes first to the subscriber for his own use. The plan

renders this literature a trifle late in appearing at the library; but, for purposes of reference and for files, this is not a serious consideration. It is hardly to be expected that physicians will go to the library to read current medical news; but what they want are the original articles to which abstracts in their own weekly or monthly publications refer.

Another possibility of assisting the medical library is open to all, and many have already signified a willingness to accept the opportunity. This is the donation of as complete files as possible, bound or unbound, of standard medical periodicals. Already there are a number of valuable files of journals, some running back nearly three-quarters of a century, and, were it more widely known, they would doubtless find more general use. For purposes of reference to this class of literature, it would be of great advantage if some one would donate the missing volumes of the *Index Medicus*, especially those appearing during the final years of its existence.

As for books, there are more really good ones in the library than would be suspected from mere casual observation. As I have explained, their arrangement has not been such as to show them by subjects, and the best has often been buried among those that appear (relatively) worthless. A number of good volumes were recently added by the Commission without materially affecting this general impression upon the casual visitor.

It can not be said that the library is in any sense exhaustive, but there is material which should attract every physician, at least occasionally, providing he knows it to be available; and a proper appreciation of this fact by the members of the profession will, in time, bring improvement in existing conditions.

In short, whether you have been able to help in any other way or not, let it not be

forgotten that every one can be of assistance, by employing, even though but occasionally, the advantages offered; the new material in the form of periodicals should be especially useful for case or subject reading. Finally, note that, by the time this paper is published, the medical library will have been equipped with a telephone, by which the busy man may keep in touch with his work as constantly as at his home; this will be supported by funds of the Detroit Medical Society, but is freely at the disposal of all members of the profession; and no doubt, if it proves sufficiently useful, the burden will be gladly shared by those benefited.

Again, let me say, Use the library! If you do not read foreign languages, when you learn of an article in French or German that will serve your immediate purpose, have it translated. But, *Use the library!*

Detroit, Michigan.

A FEW WORDS REGARDING INSTRUMENTS.

BY EMIL AMBERG, M. D.

In perusing the various catalogues of surgical aids and appliances, one can not but be struck with the development of mechanics as applied to the surgeon's art: Nowhere can the march of progress be better exemplified. It is apparent, however, that many of the instruments denominated new, are open to criticism, inasmuch as the idea is not wholly original, and the courtesies and rules applicable to such procedures are utterly ignored.

The purpose of an instrument or surgical appliance is two-fold: To aid the senses, and: To facilitate treatment. Again, every would-be inventor should recall the fact that many instruments are merely artificial and modified hands or fingers—for instance forceps, probes and curettes are merely metallic substitutes for the fingers, and hammers are but modified (clenched) fists. Asepsis, also, teaches that only such tools are desirable as can be made effectually and surgically

clean, and that too in the most brief space of time; and as the hand of the operator is, despite the utmost care observed, always to be regarded with suspicion, it goes without saying that certain substitute implements are thereby rendered imperative.

In devising a new instrument or appliance, first of all should be taken into consideration whether one does not already exist that fulfills the purpose the inventor has in view. No mere modification can be accepted as an invention; it is easy to modify and transform, but not always to create *de novo*. A new instrument, therefore can only be regarded as legitimate when it represents an original idea; or possibly when the original idea is supplemented with devices that enlarge its scope and applicability; and in both instances care should be taken that the modification does not add to the complexity of the original device. Too often the attempt is made to so modify one instrument that it shall do the work of two, or more, whereby it is rendered cumbersome and impracticable.

To modify an instrument merely for the purpose of replacing the name of the inventor to the benefit of the person so modifying, is not only illegitimate, but dishonest, and constitutes a most rank form of quackery. For instance, the very useful and necessary pneumatic ear-speculum of Siegle represents an original idea, and modifications are permissible, but not to the exclusion of the name of the original inventor. The least the honest man can do, if his modification is really valuable, is simply to retain the original title, and append his own as author of the modification only.

Finally, the life and existence of a new surgical instrument or appliance is apt to be governed by the same laws as those that apply to other inventions, viz: "Survival of the fittest."

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Correspondence.

EXTRACTS FROM THE JOURNAL OF A NAVAL MEDICAL OFFICER.

Panama, March 30th, 1889.—We arrived in Colon Thursday morning and took train for Panama about noon. Ran at good rate of speed, consequently made good time, though we swung around some of the short corners, of which the road is full, in what appeared a very alarming manner. The road is over forty miles long and a great part of the course is along the canal work, but there is no sign of anything doing here. It is exceedingly dusty and warm, therefore we were grateful for the breeze. Panama station is on the wharf, and a tug and consort were waiting to take the passengers on board their respective mail steamers, and the naval officers and the draft of men to the corvette to which they are gazetted, and that lay some four miles away between two islands, or rather, two little peaks or hills that project from the water.

Panama city is somewhat picturesque at a distance, but very dirty and decayed. It has a wall and moat, both very dilapidated; the former, owing to crumbling, is by no means continuous and often leveled to the ground; the latter in many places entirely filled up. This town has an age of only two hundred years. The old city, destroyed I believe, by Morgan, the buccaneer, was situate some three or four miles off, across the harbor, of which only a few ruins remain to mark the spot.

The men-of-war lie so far out that, so far as going ashore is concerned, one might as well be at sea, and our Captain now proposes to go to Toboga Island, a dozen miles further away; but this is no great hardship, for the chief thing is to keep as cool as possible, and I shall be content with one short visit to the city. At the man-of-war anchorage there is usually a good breeze, and though hot below it is not at all uncomfortable on deck under the awnings. The thermometer at 3:30 p. m. stood at 87 in the shade. We send a boat ashore once in two days, but the bumboat comes off daily with fruit and provisions, so that we fare well enough. I have purchased a grass mat on which to sleep, and a pair of grass slippers, which add much to my comfort. Panama is superior to Aspinwall or Colon, and while it may not seem

picturesque to one who has never seen a Spanish town, it is a cool sort of place, very seedy and dilapidated.

April 10th. A rainy, damp, but really cool morning, and we are crawling up the bay from Toboga to our former anchorage.

I was ashore in Toboga, yesterday, which, aside from the simple fact of being *terra firma* I found decidedly inferior in comfort to the ship. Fancy a straggling collection of huts and tumble-down shanties, with a sprinkling of low, Spanish, red-tiled houses hardly more sumptuous than the former in appearance, built along the steep side of an island which rises to the height of something less than 1,000 feet, the hillside either covered by shrubs or cleared into little patches where pineapples are cultivated, interspersed here and there with cocoanut trees. There is no grass, only a red, clayey, conglomerate soil, and a mingled rock-and-sand beach with an infinity of broken bottles: A pitiful hotel and grog shop combined, kept by an Italian, is pompously advertised as "The Hotel Saboya." A dilapidated, though anything but venerable, little old church with a magnified cow-bell in the tower:—Such is Toboga, the sanitarium of Panama. It lived on the Isthmian canal, and now that the latter has been abandoned, it depends upon the scanty visits of English or American men-of-war, which go there to give their crews liberty. The weather here is somewhat cooler than at Panamá, especially in the morning.

April 15th. We received orders by telegraph to proceed to Payta (on the coast of Peru, some seven or eight hundred miles away), said to be a remarkably healthy place, though unattractive otherwise.

Bahia de Caraquez, Ecuador, April 25th.—We are lagging along the coast, surveying, there being a lot of little roadsteads or anchorages between here and Payta which need correction on the charts; as to harbors, there are none worth mentioning. The weather is more comfortable here than at Panama, although almost under the equator. I went ashore yesterday, landing on the beach and walking a short distance into the little town, which has, perhaps, eight hundred people. It is not an old settlement, though there was a town here more than 200

years ago. The river which comes down in to the Bay of Caraquez which (from the sound, though not the spelling, I imagine has reference to ships or carracks) is of some size and called the Chono. The inhabitants are mainly of mixed blood, *cholos*, in which the Indian predominates, and a few white families. The trade here is principally crude India rubber, ivory nuts (such as were peddled on the trains so much a few years ago), cacao, and many beautiful hard woods. The general run of houses are of split bamboo wattled or chinked up with clay, the more pretentious boasting zinc or corrugated iron roofs. Two schools are managed by priests and sisters (Benedictines) from the United States. Altogether, Caraquez is no so forlorn a place as might be supposed, but seems a long way "out of the world."

Off Selango Island, Ecuador, April 27th. —This is one of the little settlements along the coast where we have to stop and survey. We arrived to-day from Manta, where we touched at on our way down from Caraquez—a diligent study of maps and charts became necessary to identify these unheard of places. Guayaquil is the largest place hereabouts, and we are now near the river, up which, some seventy miles in the interior, the town lies. Luckily we are not to go to it, since it is said to be unhealthy at this season. We are still coasting along within three or four miles of land all the way; one or two islands we have passed, and the one here constitutes a sort of shelter for this port, which latter, so far as can be seen from the ship, possesses only a few straggling houses, distinguished by being lifted up on platforms set on piles, I presume because of the high tide. The land generally is high and very broken, though for the last thirty miles, near the shore, it has been rather a low, level bluff, sandy or stratified, with an occasional indentation where, perhaps, a stretch of sand offers a landing place for boats. The constant roar of the breakers is very audible, especially at night, and though from a distance they seem of no height, nearer by they appear more respectable and require considerable precautions to negotiate in a boat, such as putting down an anchor to the seaward, etc. I was fishing from the poop when we came to anchor, but the water is too deep to expect great

piscatory results. Nevertheless, I caught three garfish of exceedingly spiny character, and the last one ran his dorsal fin into my thumb, the fleshy part, constituting a bloody and most painful wound. No doubt, on the numerous reefs and shoals nearby, many fish can be caught, but our boats are all in use for surveying purposes, and there is not enterprise enough on shore to send off canoes; in fact, the people here seem to have little or nothing to sell, not even fruits.

May 3rd. After a good deal of stopping on the way we are at last approaching Payta. The weather is delightfully cool and refreshing, even in the sun, and though Payta is only about five degrees south of the equator one would not imagine, either by temperature or appearance of the coast, that we were within the tropics. There is said to be no vegetation at all at Payta, and though that is probably not literally true, I suppose there is not much trace of any in sight. Inland the hills and mountains rise one range above another, but the sky is never, or hardly ever, clear enough to get a view of the peaks. Although we were near Chimborazo and Cotopaxi we never succeeded in getting a glimpse of either.

We are now in Peruvian waters and approaching the rainless belt, though I believe in Payta it does sometimes drizzle a little. Even further south, however, in Callao, according to Darwin, there are heavy Scotch mists which the people are pleased to call Peruvian dew, and that answer all the purposes of a real rainfall.

We stopped at Manta, at Salango, and at Santa Elena, and the latter place, much to my surprise, proved to have a cable, and the operator telegraphed our arrival and departure.

Payta is a queer-looking place. The shore is a high almost perpendicular bluff of perhaps 200 feet, formed of stratas of sand and loam, evidently raised from the bottom. Here and there, where the profile is exposed, regular terraces are seen, but all with the same perpendicular face. At the foot of the bluff is the town, built mostly on the soil of a lower terrace, or platform, apparently too near the sea for comfort in case of a tidal wave. There are no trees or bushes; not one green thing, even so much as a blade of grass, in sight, so for once there is no exaggeration on that point. The top of the bluff

is, I am told, the beginning of a wide, level pampa, and one has to go some miles back before the foot-hills of the Cordillera are reached. Odd to say, there is a railroad which runs to a place called Piura, which latter is, I believe, one of the old Spanish settlements in Peru. One thing noteworthy is, that all the fresh water used in the town is brought from inland by the novel railroad, which climbs the cliff by a long grade and a tunnel.

To our surprise, postage stamps are scarce, and we nearly exhausted the supply when ashore. Like some other of the Spanish American governments, Peru farms out the sale of its postage stamps to individuals, so that one can never buy any at the postoffice itself. When I sent my first letter ashore at this place (along with a number of others for different officers) to catch the steamer for the North, I got some money changed, then found the postoffice and they sent out to buy the stamps. When the stamps came, great was the consternation; one of the letters required eleven cents, which had to be put on in denominations of ones and twos, and the envelope not a large one. With much labor the necessary number was placed, covering everything, front and back, but the address.

It is likely we shall be here a week or two, and I think of going to Piura, the terminus of the railroad before mentioned, about sixty-five miles distant. The latter is not a large town but, as before remarked, is one of the earliest Spanish settlements, and consequently worthy of a visit; besides the trip will give some idea of the interior. I have before expressed my surprise at finding a railway here, in such an apparent desert, and though I fancy trains run only once in two days, there must be some business to warrant it. I believe, however, the Chilian war has nearly ruined Peru. I met the Chilian Admiral and his wife in Paris, and he appeared civilized enough, but according to what one of our officers, (who was down here at the time) says, the Chilianos conducted the war like savages and the Peruvians were little, if any, behind in barbarous practices.

Let me here remark that I was quite deceived in supposing the coast was formed by a succession of terraces. The optical delusion is perfect, but the supposed

terraces seen in profile are merely long projections or ridges that jut out here-and-there, and in this clear air stand out so as to cause one to lose the sense of distance. Even now I know the facts I can hardly help believing my first impression was true. In fact the top of the bluff, between two and three hundred feet high, is about uniform, and the coast line is on a level. I walked up to this plateau behind the town, which, as I said, is practically on a sort of shelf at the foot of it. It is a strange scene all along the face of the bluff, and the winding track that leads up the perfectly bare soil is like that in a country stable yard. There are deep gullies, and irregular basins or craters which look as if they were due to the action of rain, but this can hardly be since showers are practically unknown. Once at the top, the ground is covered with small stones; at first one would say there was nothing else, yet there are really six or eight different sorts of plants or weeds in flower, besides one or two grasses, which by looking inland, at a distance of a mile or so, give a grayish-green tinge to the earth and apparently afford a precarious living for the few donkeys I saw feeding. The plain is not flat—though the general surface is,—but a little rolling; it stretches back to the foot-hills which I saw only indistinctly, I fancy on account of the dust and sand, for when it blows hard the whole atmosphere has a peculiar lurid yellow color.

There is nothing in the least romantic or interesting in the appearance of Payata, and I fancy few of the buildings are very old, since even the churches, though dilapidated, do not date back a century. The universal style of architecture is the thatched roof, which is good enough for this rainless country, with split bamboo walls; those of more modern character have the bamboo so flattened out and split as to make rather a neat lathing, which is then chinked up with mud or plaster. The best thing about this place is the weather; so good I never saw, and it was surprising at first to see a rainless country, as this practically is. Very often in the morning the sky is overcast, the air perfectly still, and it looks and feels as it does at home before rain on a May or June forenoon; but in the afternoon the sun is shining as bright as it knows how, and usually a brisk, fresh wind blows from

the land, though the bluff is so high no sea ever gets up in the bay; the only disagreeable thing is when the wind is very high and the air filled with fine sand from the dry plain above. The sun is often very hot, even though there is a breeze; but the nights and mornings are always cool and dry—that is relatively cool, for I suppose the thermometer seldom drops below seventy; considering the latitude is only five degrees south, and that this is on a sea level, this is remarkably comfortable. Further inland, among the mountains, I am told it is much hotter.

Among the things that amuse me as I walk about here is, the extremely different appearance of the cats from those of our own and other civilized countries. They are nearly all of a common white or black color, thin and spindle-tailed to a degree, and though very common and apparently well treated—or not molested,—are distinctly nearer to the wild form; they are far from timid, but look at you when you offer to pet them, with an expression that causes you to change your mind all at once. Their green eyes in their narrow, little, retreating heads, glare steadily at you with an air of mingled treachery and ferocity. Pussy at home would be ashamed to own them for relatives. I saw only one—a yellow cat—that had a mild and tame look, and that was a foreign importation. With this profusion of felines, in the streets are lots of most miserable little curs—imagine a poodle very ragged and kept for a month or two in a sewer and you have a good idea of them. Most abominable of all is a hairless dog of an offensive sort of slate color.

May 16th. I find this place well enough, though there is singularly little to see and do ashore, so far as the town goes. Even the shops are devoid of any attraction, for there is hardly a native product that one could buy for a curio—cheap German and French dry goods, soaps, perfumes, knickknacks, etc., obtain. The British Consul gave me a *huaco* of great antiquity and quaintness; properly speaking a *huaco* is an Indian burial mound, but the name is also applied to pieces of pottery found therein which date back to the time of the Incas. In some parts of Peru they are very numerous, chiefly drinking vessels, and rather small as compared with the common porous crockery denominated “monkeys.”

I walk on the plain above the town now and then, but mostly in the early morning, it being too warm in the bright sun in spite of the breeze. I went for quite a long walk a week ago, but that day also, to my surprise, it rained, thus upsetting all ideas regarding the climate. It was not much of a rain, however, and I understand that it is only once in a few years that such an accident happens. The climate certainly is good, and one is surprised to learn that the coldest temperature recorded in twenty-four hours is only sixty-five degrees. During the slight rain just mentioned, the color of the ground changed, before my weary eyes, from dusty brown to a faint green, owing to the unusual start given to vegetation.

May 24th. I went to Piura on the 21st, returning yesterday after a stay of two nights and a day. It is sixty-five miles by rail, and my ticket cost three *soles* or Peruvian dollars. My seat was first-class in the forward half of a most dingy passenger car. There were not seats for over a dozen, and very like the cheap ordinary car in the United States. The second-class, which communicated by a door open all the time, was much rougher, the seats running fore and aft like a street car, and uncushioned, while the first-class seats had once been leather covered. After a long time waiting, a start was made, and we climbed up onto the *mesa* (literally, table, or table-land) by a laborious series of steep grades. Now and then the engine proves unequal to the task, and sometimes a train even breaks in two; but fortunately no such accident happened on this trip. We climbed along, sometimes creeping on the very edge of the bluff next the sea, sometimes through a narrow, deep cut showing the same condensed sand (or sand fast merging into sandstone), followed by grit and shells that are seen on the surface above. The *pampa* near Payta is about three hundred feet above the sea, but is not level though hardly needing any grading for the railroad. As we got further on inland, there were occasional patches of grass of a brownish color, visible only when looked at a little in profile, yet long enough to wave in the wind. A town called La Huaca, the first where there is any water, about fifteen miles up, has a river running through the valley below, known as La Huaco.

(Continued.)

DETROIT MEDICAL JOURNAL

A CONCISE MONTHLY
EPITOME OF PRACTICE AND THERAPEUTICS.

DR. G. ARCHIE STOCKWELL, Editor.

—ISSUED BY—

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DETROIT, MICH., APRIL, 1901.

Editorial.

SALUTATORY.

For adding to the already overwhelming list of periodicals we have no apology to offer. The publisher and editor are simply carrying out an idea, long cherished, of making a Medical Journal exclusively for, and in the interests of, the medical profession—the advertising element being relegated to second place. During the several years this project has been mooted, we have on many occasions received assurances (from those engaged in publishing medical periodical literature) that a journal conducted on the lines proposed can not succeed; that success depends, primarily, upon catering to the advertising element, including that which is only pseudo-legitimate, or else it must be the organ of some wealthy pharmaceutical concern, or publishing house. Finally, with a view to testing the matter thoroughly and definitely, a careful canvass of representative portions of different States, including also the Province of Ontario, was made. To our surprise we received most hearty endorsements on every hand, even from the legitimate advertising element; moreover, pledges of support, and subscriptions, were obtained that, at

this writing, number several thousands, warranting our proceeding with the enterprise. We accordingly, herewith, present the initial number of the DETROIT MEDICAL JOURNAL, which we realize is not without defects such as are incident to the first issue of a new publication; but we pledge these defects will be speedily overcome and eradicated.

The policy of our Journal is to present monthly to the profession, a practical, carefully edited, epitome of medicine and therapeutics, as well as of general medical events. Moreover, it is proposed to manage this periodical in a way that nothing will appear therein, either as literary matter or as advertising, which the editor and publisher can not wholly endorse and vouch for; even book reviews will be based upon the intrinsic merits of the individual publication.

The exploiting of nostrums will, under no circumstances, be permitted—we aim to cater to the profession as a body, and not to the whims and successes of the individual. New and helpful contributions will appear continually, that have not been published in any other journal, and that will not appear elsewhere except perhaps as excerpts; it is understood that a paper once accepted by this Journal is the property of the latter, and that any duplication thereof as regards other periodical publications will debar these columns to the author *in perpetuo*. Our aim is to be fair, honest and judicial toward every one, and to provide exact information,—even our mailing list will be open to the inspection of our patrons when so desired, and we shall always claim a circulation *under* rather than over the real figures. In

other words we propose to publish the Journal on strictly honorable and honest lines regardless of the ultimate result.

It is also proposed to give our readers the greatest amount of practical and reliable information, compressed into the smallest space compatible with a full understanding of the subject in hand: To make a medical magazine of high literary standards, and maintain the same strictly in the interests of those who pay for it—the physicians.—THE EDITOR.

ANNOUNCEMENT.

For some months we have had in contemplation the issuance of a new medical journal possessed of an **entirely new policy**; a policy already outlined by the editor.

During this period we have made a very thorough canvass of Michigan and Ontario, as well as contiguous territories, and with results most complimentary in the way of subscribers and pledges of support. As a consequence we herewith make our bow to the medical public with the assurance, if these pledges are fulfilled, even to the extent of fifty per cent., that the DETROIT MEDICAL JOURNAL will speedily be enlarged, and at an early date assume a semi-monthly form.

We are sending out an edition of 12,000 copies, and this list we confidently expect to swell considerably ere January 1st, 1902, rolls around.

Our policy is to go direct to the medical man, and afford him truthful and positive information upon all subjects of interest to the profession. We shall not accept any advertising we can not personally vouch for, neither will we give

reading notices, inserts, or indulge in other "clap-trap" such as is only too prevalent in an endeavor to secure this form of patronage. As already intimated, we have picked our advertisements, and the very fact that one appears in this Journal may be accepted as conclusive evidence of our endorsement.

While this may seem one-sided to the advertisor, we believe that in the end it will prove the most satisfactory and beneficial to all parties concerned—hitherto in publications of this kind, the advertisor has obtained a preference to the exclusion of the subscriber. No "axes" will be ground!—Thus, there will be no exploitation of any one product, or series of products, to the exclusion of another, providing both are equal and legitimate; neither will any pharmaceutical house, manufacturing interest, college, society, -pathy or -ism, control—even the publisher is placed upon exactly the same plan as any other advertisor.

While we have not entered into this enterprise with a view to securing pecuniary profit—though of course we will endeavor to make it financially successful—our aim is to give the subscriber what he has a right to expect from his medical journal: To provide exact and reliable information without fear or favor; and above all, to prove the falsity of the claim that is repeatedly made to the effect that a medical journal conducted for the benefit of physicians exclusively can not succeed, owing to the apathy and non-support of the profession. We propose to publish a medical periodical on strictly honorable business lines, such as have always obtained to us as a Physician's Supply House. We have never catered to

anything but the best; have never endeavored to foist patents or other non-legitimate supplies upon the medical profession; neither do we cater to the patient, or indulge in any form of "counter prescribing." Our every effort has been in the direction of supplying medical men with what they want, and to support them in all their undertakings in a legitimate way, and with the very best quality that can be obtained. As already remarked, the same conduct will obtain to the publishing of the Journal.

Finally, to make this experiment a fair test, contracts have been entered into that will secure the stability of the publication for at least two years.

THE PUBLISHER.

MEDICAL ASPECTS OF THE BOER WAR.

Atop of the fault finding on the part of irresponsible critics as to the conduct of the campaign in South Africa, and as to the shortcomings of the British War Office, it is pleasant to turn to the evidence of Sir William MacCormac, who, as every one knows, at great pecuniary sacrifices, nobly volunteered his services and went to the front to aid the sick and wounded.

We learn on the authority of this gentleman, that nothing that prevision could suggest, or that money would purchase, was wanting either as to supplies or equipment. Despite the difficulties of transport, medicines, stores, and comforts of every kind, were always on the spot when required, and in some of the engagements the hospital trains ran right into action.

The wounds made by the Mauser and English bullets were very similar in character, and not nearly so severe as in former wars. As regards mortality, generally as many as ninety-five per cent.

of the cases in the base hospitals recovered, and a large proportion were able to return to duty at the front. Nearly all the hospitals were equipped with X-ray apparatus, and even the Boers employed the same means for detecting the position of bullets.

The chief difference in equipment as between the English and the Boers was, the thoroughness of the former and the practical way in which every article was put to use. Conversely, in matters of sanitation, the latter were very defective; they were in the habit of digging graves in the midst of their camps, and of allowing refuse of all kinds to be permitted to pollute the trenches. In fact, in the one matter of sanitation the characteristics of the two peoples were most marked: One, notable the world over for cleanliness and bathing; the other equally notable for dirt and abhorrence of water.

The chief lesson taught by the war, viewed from a medical standpoint is, the necessity for great enlargements of the medical corps of all nations, and the need of trained male nurses, instead of, as at present, relying upon details from the combatant ranks. Invariably, these details are largely made up from the idle, vicious and shirking element, one that is most demoralizing, for the better men prefer to be at the front, especially during the active periods of the campaign.

THE DEATH PENALTY.

Just so long as the law of "A life for a life" is accepted by civilized people, the grim question of the means of carrying out the penalty is sure to frequently arise. Personally, we have little sympathy with those who would rob an execution of its terrors, but we do, most emphatically, protest against making public exhibitions of such, or special entertainments with which to gratify the morbid tastes of selected individuals. Already, in this country, two States have adopted electrical

execution, and it is yet too early to draw any conclusions as to the effects thereof on crime *per se*. But it has been reserved for the Japanese to suggest another method, which is perhaps more effective even than the electrical current, and at the same time more free from the reproach of inhumanity. The condemned individual is enclosed in a lethal chamber, and by means of powerful pumps the contained air is rapidly withdrawn, and death at once ensues. Experiments on animals point to the conclusions that this method is wholly painless.

It is obvious that if the principle of the lethal chamber is admitted, there are many methods of making the air within irrespirable.

EDITORIAL NOTES.

The Test of Utility.—

The claim is made that the profession is becoming entirely too scientific, so much so that the line between science and pseudo-science is not sharply drawn; and it must be confessed, the criticism is in many respects most just.

It is pertinent that every idea, every discovery, every experiment, should bear the stamp of practical utility, or when weighed in the balance and found wanting, discarded. As a late writer remarks: "The border line between medical science and medical absurdity is narrow and sometimes unconsciously crossed."

It is well, on all occasions, to pause in an investigation and inquire whether the design that is being worked out will benefit or injure mankind, or prove merely "good seed on stony ground."

Africa's Dwarfs.—

Sir Henry Johnston, who recently visited the dwarf people of the Congo forest, studying their habits and photographing their dwellings, says: "Notwithstanding the ape-like and hideously ugly appear-

ance of these people, they are usually of winning and cheerful disposition. Their dancing is frolicsome, giving a play of pretty movements, but markedly different from the movements of the negroes. Their intelligence is, as a rule, well developed."

The Toad in Therapeutics.—

Doctor T. Lauder Brunton, not long since, before the Pharmaceutical Society of Great Britain, declared that *Phrynine* "has an action resembling digitalis," and added: "It is quite possible that some of these days we may have an enterprising firm advertising essence of toad as being of superlative virtue for the cure of dropsy."

Phrynine is an exceedingly poisonous alkaloid extracted from the cutaneous glands of several species of *Bufo*. It was first brought to the attention of the profession by one Muire, of Brazil; and in connection with the adoption of this drug by the Homœopathic fraternity, a thrilling story is told of how a woman sought to poison her husband—who was dying, all too slowly, from some cardiac disorder,—by putting a toad in his wine. The result was not as expected, for instead of his death being thereby hastened, the sufferer began rapidly to improve and was soon out of danger.

Epilepsy and chorea are claimed to have been materially benefited, even cured, by Phrynine.

Argon and Its Accompaniments.—

Since the discovery of this new constituent of the atmosphere, a few years since, four other (previously unknown) gases have been found associated therewith. These are known as Helium, Neon, Krypton and Xenon. Of these Xenon is the lightest and Helium the heaviest.

In the vacuum tube these new gases are very beautiful, Neon being extremely brilliant and of an orange-pink hue, while Krypton is pale violet, and Xenon, sky-blue.

Michigan State Medical Society.—

The annual meeting of this organization will be held in Battle Creek May 15th and 16th. Doctor P. D. Patterson will deliver the President's Address, the subject being "Psycho-Therapeutics." The Surgical Address is by J. H. Carstens; the Address on General Medicine by Samuel Bell; and that on Obstetrics and Gynecology, by B. D. Harrison.

Papers by the following are also pledged: Doctors F. W. Mann, C. H. Johnston, George Dock, W. S. Anderson, A. M. Campbell, H. B. Garner, H. M. King, V. C. Vaughn, W. F. Metcalf, Hugh McColl, H. O. Walker, T. A. McGraw, Hal C. Wyman, Angus McLean, C. B. Stockwell, A. N. Collins, W. I. Parker, Wm. L. Dickinson, J. A. McMillan, Wm. Fuller, A. S. Rogers, A. W. Alvord, Rush McNair, Daniel La Ferte, H. W. Longyear, J. G. Lynds, C. Henri Leonard, T. E. Sands, R. R. Smith.

Banquets at each of the Sanitariums are proposed, as well as excursions to Gull Lake and to the various Battle Creek manufacturing enterprises.

A New Fruit.—

There is every reason to suppose that before long a most delicious fruit, new to America, will dominate our markets; already a few specimens have found their way to the seaboard cities. This is the mangosteen—native to the Moluccas and extensively cultivated in Ceylon and Java, and latterly introduced to Jamaica and other portions of British West Indies. It is about the size of a small orange, spherical in form, and when the rind is removed a juicy pulp, "white and soluble as snow" is revealed, possessing a most delicious flavor—something like a nectarine with a dash of strawberry and pineapple combined. It promises, in a few years, to supercede the orange in popular favor, and attempts are already being made to introduce it into the Southern United States.

American Medicine.—

We welcome the initial issue of this new and independent medical weekly, published in Philadelphia under the editorial auspices of Doctor George M. Gould, whose name alone is a guaranty that only the best will obtain to its columns. We certainly wish it the abundant success that it deserves. Such a weekly publication has long been needed,—one, the tendency of which is to elevate medical journalism and maintain at a high standard.

Mr. H. D. Reynolds will have charge of the business end of the enterprise, and with the push, courtesy and vim he brings into the management, will undoubtedly make thereof a success.

A Curious Insect.—

In his entomological researches in the Malay Peninsula, Mr. Nelson Annandale discovered what he is pleased to term a "lantern fly," which is remarkable for its sudden leaps, especially as it is entirely devoid of wings. One day in examining a specimen he discovered a curious projection at the front of its head—"a kind of nose with a crease in it"—which proved to be the source of movement. When this pseudo-nose was turned back under the abdomen and suddenly released, it sent the insect flying.

An Old "Chestnut."—

Every little while the same precise idea is plucked anew from the "rubbish heap" and made to do duty again, regardless of its truth or applicability. Half a dozen years since an item went the rounds of the medical press to the effect Tincture of *Capsicum annum* topically applied, will instantly cure a black eye. It is now in the midst of its third or fourth cycle.

Plant Names.—

Doctor A. B. Lyons has recently published a complete list of plant names and synonyms.

Items and News.

A Good Beefsteak.—

"After the soup, we had what I do not hesitate to call the very best beefsteak I ever ate in my life. As I write about it now, a week after I have eaten it, the old, rich, sweet, piquant, juicy taste comes smacking on my lips again; and I feel something of the piquant sensation I then had. I am ashamed of the delight which the eating of that piece of meat caused me.

"G. and I quarreled about the soup; but when we began on the steak, we looked at each other and loved each other. We did not speak; our hearts were too full for that. But we had a bite, laid down our forks, looked at each other, and understood each other. There were no two individuals on this wide earth, no two lovers billing in the shade, no mother clasping her baby to her heart, more extremely happy than we.

"As you may fancy, we did not leave a single morsel of the steak; but when it was done we put bits of bread into the silver dish and wistfully sopped up the gravy. I suppose that I shall never in this world taste anything so good again."—THACKERAY.

Mosquitoes and Yellow Fever.—

As a result of the recent yellow fever experiments a campaign of extermination has been undertaken in Cuba. Forty inspectors are to report all the breeding places of mosquitoes, and petroleum will be poured once a month upon all such pools.—*Maryland Medical Journal*.

[It is notable that "yellow jack" never spreads to the Southern piney woods, a fact that was long attributed to some balsamic influence of the prevailing arboreal growth. Now the claim is made that the absence of the mosquito from these regions is the real cause. Be this true or false, an apparently corroborative fact remains that, while the yellow fever infection seems to sometimes survive a cold winter, it disappears with the advent of even a slight frost, which is at the same time fatal to the insect.—Ed.]

Action of Cold and Heat.—

It has long been known that, after a purgative, exposure of the surface of the abdomen to cold is likely to induce colicky pain. Conversely, many people who, on slight cause, suffer from acute diarrhoea and cramps, have found that protection of the abdomen is effective in reducing the frequency of attacks. People living in the tropics, where diarrhoea and dysentery are always rampant, wear a woollen binder about the abdomen ("kammerband"), as a means of reducing the danger from these diseases; so true has this been found, that the British Army authorities furnish troops serving in the tropics with flannel binders. There is a definite relationship between exposure of the surface of the abdomen to cold and damp, and the production of diarrhoea, either mild or severe. The relief afforded by the application of external heat in intestinal colic is well known.—*British Medical Journal*.

Asepsis of Hands.—

The physicians who from time to time views his own hands in the mirror of the culture-tube will attain a well grounded knowledge as to whether he is clean or only thinks himself clean.

Every chemical put upon the skin becomes a scientific fertilizer for the bacterial field. The less chemical disinfection we use upon living material, so much better must be the chances for an absolute sterilization.

It has been conclusively proved that the hands and skin cannot be rendered sterile by dipping, or immersion, in any of the disinfectants now known.

On the other hand, an examination of every method which has received any share of approval has, either in the beginning or at the end of the process, included the use of soap as an important part of thereof.—*Exchange*.

Origin of Leprosy in Hawaii.—

The introduction of leprosy to the Sandwich Islands was under the special protection of royalty and aristocracy. It first appeared in a chief, Kakaunohi, who had been to China, and from him was transmitted to one Naea, who was also closely related to the reigning family. From the latter it quickly

spread to his retainers, and for a considerable time was known as the "*ma'i alli*," or royal disease. The missionary physicians soon learned to recognize it, and Doctor Dwight Baldwin filed a report thereon with the minister of the interior. So long as the Hawaiian monarchy existed, the segregation of lepers was very imperfectly carried out, owing to interference in high places. Since the overthrow of the monarchy, however, the measures have been more effective, though the isolation law is still an unpopular one with the natives.—*Honolulu Commercial Advertiser*.

XIX Century Credits and Debits.—

The XIX century received from its predecessors the horse; it bequeathed the locomotive and motor car:

We received the goose-quill, and bequeath the typewriter:

We received the scythe and bequeath the mowing machine:

We received the hand printing-press, and bequeath the perfecting cylinder press:

We received the painted canvas, and bequeath lithography, photography and chromo-photography:

We received the tallow dip, and bequeath the electric light:

We received the beacon signal-fire, and bequeath the telephone and wireless telegraph:

We received sunlight, and bequeath Roentgen rays.—*Answers*.

Confectionery As An Army Ration.—

The Germans, as the result of extended experiments, ten years ago introduced candy and chocolate into the diet of their soldiers, which greatly conduced to their health and endurance. The British next followed this example: Confectionery and jam has found great favor with the British War Office, and 1,450,000 pounds of the latter alone were dispatched to South Africa as a four months' supply to 116,000 troops. The United States is following in the same path, and confectionery has been added to the regular army ration, consisting of mixed lemon drops, chocolate creams, cocoanut macaroons, and acidulated fruit drops, packed in tins especially designed to fit the pockets of a uniform coat.—*Dietetic and Hygienic Gazette*.

Fads in Food.—

It has never been demonstrated that fish and other so-called phosphoric foods can appreciably improve the brain and mind. Fishermen, for example, and fish-mongers, who live largely upon fish, have never shown themselves to be in any measurable degree more intellectual than their neighbors; indeed, it may be plausibly argued that they are a little less so. The truth is, that particular diet which best agrees with the individual, and which best maintains his general health at a high level, is the best for the brain and every other organ of the body, as well as for the whole man. Common experience has long ago formulated the saying that "What is one man's meat is another man's poison." Science now comes forward to tell us exactly the same thing, and to impress upon every one of us the necessity of finding out the diet best suited to ourselves, and sticking to it.—*The Hospital*, London.

Anti-Diphtheritic Serum in Measles.—

Neiter and Larrier of Paris administered anti-diphtheritic serum in 855 cases of measles in doses of two-and-one-half drachms—nurslings only received one-half the amount. Twelve of the children had diphtheria when admitted to hospital, and fifteen others developed the malady despite the injections. Ten cases of diphtheria developed in from four to twenty-one days—at the time when the serum is supposed to act as a prophylactic.

The preventive action of the serum appears to be especially weak against localization on the conjunctiva, for of nineteen cases, twelve had primary diphtheritic ophthalmia. Most of the patients attacked with diphtheria died in spite of the serum.—*Pediatrics*.

Japanese Courage.—

When the allies lay under fire, in front of Tien-tsin, the Japanese held two rows of huts along the South Canal; between these rows was an open space commanded by the Chinese fire. A soldier was started with a verbal order across this dangerous zone; within thirty yards he fell, shot dead. Another instantly dashed out with the message, only to meet the same fate. Like clock-work a third ran out, and there was a roar of cheers from the allies as the brave Jap made the trip in safety.—*The Youth's Companion*.

Simplified Asepsis.—

For washing the hands or cleaning instruments during an operation, sterilized water or saline solution should be used—Sodium chloride is made sterile by melting in a crucible. The hands ought to be dipped in the solution very often, and wiped with a sterile compress; if they are not washed during an operation, the sweat glands render them septic. Alcohol and ether should never be used. The patient's skin may be washed with soap and boiled water, then with saline solution, and dried. Silk should be employed for sutures exclusively, catgut only exceptionally.—TERRIER.

Solanine in Potatoes.—

The very young shoots and berries of the potato plant—*Solanum tuberosum*—have repeatedly proved poisonous on account of the large quantity of solanine which they contain; potato tubers which have begun to sprout and shrivel are poisonous for the same reason. Normally, raw peeled potatoes contain during the months of May and June from 0.06 to 0.064 mille per cent. of solanine. In sprouting tubers, the skin, and the parts adjacent, contain a quantity of the alkaloid; the more central parts yield practically none. Bluish, waxy potatoes contain more than mealy ones. Prolonged boiling destroys the poisonous substance.—*Treatment.*

Normal Solutions.—

A normal solution is one in which the basic ingredient exists in the proportion of its molecular weight in 1,000 parts of water. Sodium hydroxide, for instance, has the molecular weight of 40, hence a normal solution of the substance contains 40 parts of the salt in 1,000 parts of distilled water. A centinormal solution contains one-hundredth, and a decinormal one-tenth of the amount.—*Chemist and Druggist.*

Sterilization of Thermometers.—

Drop a small quantity of forty per cent. solution of formaldehyde on the cotton at the bottom of the case. The gas is readily liberated from the solution, and the thermometer case being nearly air-tight, the evaporation of liquid is practically nil. Before using always rinse in water and dry thoroughly.—W. H. DYER.

Book Reviews.

The Practice of Medicine. By H. C. Wood, A. M., M. D., LL. D., and Reginald H. Fitz, A. M., M. D. Cloth; 8 vo.; pp. 1,088. Price, \$6.00. J. B. Lippincott & Co., Philadelphia.

It is a delight to pick up a work devoted to the practice of medicine which, instead of being a mere collation, is wholly original. This is but the second or third medical book of this precise character that has appeared in the United States during more than a quarter of a century. The volume is the outcome of an attempt to view the practice of medicine simultaneously from pathologic and therapeutic points of view, and it is at the same time concise, practical, and most readable.

The section on Nervous Diseases, and the articles devoted to Diseases of the Muscles, Infectious Diseases, Acute and Chronic Poisoning, and all the Therapeutics, are from the pen of H. C. Wood. The remainder of the volume, including such topics as Diphtheria, Dysentery, Tuberculosis, Leprosy, Syphilis, Diseases of the Blood and of the Ductless Glands, Parasites, and the sections on the Circulatory, Respiratory, Digestive and Urinary Systems, (excepting the therapeutics) are from the pen of Doctor Fitz.

While each author has thus written certain determinate portions of the work, consideration and discussion of the various subjects have been so carefully joined that there is a common responsibility, except, the very few places where final difference of opinion is indicated in the text by initials, or by the use of the singular instead of the plural pronoun.

A work of this character has long been a desideratum, and authors and publishers alike are to be congratulated most heartily on the complete success attained in endeavoring to provide an original text book that is truly worthy of the title.

An American Text Book of Gynecology. Edited by J. M. Baldy, M. D. Cloth; royal 8 vo.; pp. 800. Price, cloth, \$6.00; sheep, \$7.00; half Russia, \$8.00. Sold by subscription only. W. B. Saunders, Philadelphia, Pa.

In this volume all anatomical descriptions, excepting those essential to a clear understanding of the text, have been omitted, illustrations being depended upon solely for elucidation. The work is thoroughly practical in its teachings, constituting a text-book alike for physicians and students. A clear line of treatment is laid down in each instance, and the

operations recommended are fully illustrated, so that the reader cannot fail to grasp the idea. All extraneous matter and abstruse discussions have been carefully excluded, and the subject matter been brought fully up to date at every point. The work presents the combined opinions and experiences of ten specialists. The illustrations are chiefly original, selected from the authors' private collections.

The Badminton Magazine. Price, 30 cts.; \$3.00 per year. Wm. Heineman, London: International News Co., New York.

The March number of this most excellent periodical presents a most attractive table of contents.

"The Tiger Charm," is by A. Perrin; "The Keeper's Rounds in Winter," by Darby Stafford; "Big Game Shooting and Exploration in Rhodesia," by Wm. Van Ness, F. R. G. S., with illustrations from photographs; "A Sabbath Day's Journey in Thule," by Hon. A. E. Gathorne-Hardy; "Where Three Rivers Meet," by Mrs. Arthur Kennard, with illustrations from photographs; "Bridge vs. Whist," by Archibald Dunn, Jr.; "After Musk Oxen," by George Orsted, with illustrations from photographs; "The Berkshire 'Feaaste' Forty-five Years Ago," by Percy Longhurst; "Shooting Geese from Pits," by C. V. A. Peel, with illustrations from photographs; "Whaling in Skye," by E. Snow Fordham; "Sport in Western Pyrenees," by A. R. Whitenay; "A Bobbery Pack," by H. R. Heatley.

There are also four full page colored plates, any one of which is sufficiently artistic to be worthy of a frame; these are the "Tiger Reared and Sprang;" "Just Missed"—two fox terriers have reached a hole at the foot of a tree which has just been vacated by a rabbit, which is seen disappearing in the glade; "The American Woodcock;" "Ambush II," being one of King Edward's famous racing stud.

In the prize competition of January for the best photograph of a sporting subject, there are no less than fifteen entries, each admirable in its way; the question is how the committee is able to decide where the excellencies are so evenly balanced.

The Science of Homeopathy. By Charles J. Hempel, M. D. Cloth: 8 vo.; pp. 180. Price, \$1.50. Boericke & Tafel, Philadelphia.

This volume is of especial interest in that it is, perhaps, the best resumé of Homeopathy and its professions extant, its author being one of the ablest exponents thereof, and at the same time one of the most noted of its teachers. Homeopathic Law from the Standpoint of Vitalism;" "Inquiry Into the Possibility of a Scientific Classification of Drugs;" "Inadequacy and Unreliability of Chemical Analysis in Determining Therapeutic Powers of Drugs;" "Homeopathic Law of Cure as a Cosmogonical Principle;" and "Pathogenesis and Pathology of Correlation of Artificially Developed Drug Diseases and Natural Maladies," are the subjects treated.

Therapeutic Brevities.

Evidence of Diabetes.—Cramps in the lower limbs occur in 21 per cent. of cases of diabetes. They are rare in the daytime, most common at night, or during the night, and very painful, although not of long continuance. Though confined for the most part to the muscles of the calf of the leg, they also manifest themselves in other leg muscles, especially the *extensor longus pollicis*, by which the great toe is very painfully drawn up; less often in the *extensor longus digitorum*. Connected with these spasmodic symptoms is another sign, which the patient does not feel, and which is therefore not known to him until pointed out, i. e., a painless twitching of the leg muscles, observable mostly in the early morning after a good sleep, and lasting two or three hours, but passing away during the day. In some cases these movements, which are most marked in all the *gastrocnemii*, will be so rapid that as many as thirty or forty of them may be seen during a minute.

When either cramps, or painless motions of the kind named, present themselves, the urine should be examined for sugar!—UNSHUL (*The Asclepiad*.)

Causes of Death in the New-Born.—Recently, studying the cause of death in new-born children, in a number of autopsies I made cultures from the liver, spleen, kidney, and the heart-blood.

I believe that in the majority of cases of haemorrhage in the new-born the condition has an infectious origin. In one case, dying from haemorrhage into the right suprarenal capsule (with subsequent rupture into the peritoneal cavity, the bacteriological examination was negative. While it is probable that haemorrhagic disease of the new-born is commonly of an infectious nature, it is unquestionably true that there are other ways of accounting for the isolated haemorrhages into the suprarenal glands; The location of the organ, the richness of its blood vessels, especially its veins, the proximity of the inferior vena cava which receives the blood almost directly from the gland on the right side, are probably indi-

rectly responsible for the majority. It is easy to understand how, during labor, pressure can be brought to bear upon the suprarenal glands located, as they are, between the liver anteriorly and the vertebral column posteriorly, thereby giving rise to congestion of the vessels of the glands which, in some instances, may result in hæmorrhage.—HAMILL (before the Philadelphia Pediatric Society.)

Night Sweats.—The drugs which have hitherto played the chief role in relieving this condition are, camphoric acid and agaricin. Late investigations show these are surpassed by tellurate of sodium, but this possesses a very repulsive garlic-like odor, which will probably militate against its extended use.

The dose is eight grains, given in the evening. As the drug possesses antiseptic properties, it will possibly prove effective in ameliorating the severe pulmonary symptoms. It is said to prove equally beneficial in other diseases characterized by abundant excretion or perspiration, such as rheumatism, typhus, nervous exhaustion, etc.—*Dietetic and Hygienic Gazette*.

Irritable Bladder in Women and Children.—

All pelvic changes should be treated and regular evacuations induced, preferably by enemata, since cathartics tend to increase vesical tenesmus. Urethral caruncles likewise should be removed, and fissures cauterized with silver nitrate. Catarrhal urethritis yields to the direct applications of astringent solutions. Hyperaemia may be treated locally by irrigations of one per cent. solution boracic acid. In peri-cystitis the adhesions may be gradually stretched by bladder massage. Endoscopic examination is also to be recommended for children suffering from enuresis and irritable bladder. When the patient is very young, sitz baths may be employed once or twice daily, and will be found very effective, especially if the consumption of fluids during the latter part of the day is restricted, the evening meal a light one, and sleep enforced without a pillow to the head—if necessary, the foot of the bed should also be elevated.—BIERHOFF (*Jacobi Festschrift*.)

Stiffened Joints.—In two cases of stiffened joints where the inability to move the limb has appeared to arise from rigidity of the tendons and muscular sheaths, I have injected, subcutaneously, olive oil into the structures, and with some success. I find that a fluid drachm of the oil can be injected around the knee-joint without causing any after-inflammation or discomfort. In one instance, where the elbow was operated on in this way, the young woman obtained, for the first time, some degree of movement after six months' entire fixation from rigidity.—WARD (*The Asclepiad*.)

[Sweet almond oil is preferable to olive oil, as the latter is seldom had in a pure State in this country.—Ed.]

Bromidrosis.—

Excessive perspiration, of such offensive character that the subject had contemplated suicide, was cured in fifteen days. The feet were bathed for several days in a weak infusion of walnut-leaves and then was applied twice daily:

Glycerin	1 part
Iron perchloride	3 parts
Essence bergamot	q. s.

—LEQUOX (*Gazette Medicale*.)

Sodium salicylate.....	30 grains.
Potassium permanganate.....	60 grains.
Bismuth subnitrate.....	12 drachms.
Acid boracic.....	24 drachms.

Apply to the seat of morbid perspiration.—*Journal Am. Medical Association*.

[There is nothing equal to a strong solution of sodium bicarbonate for the obliteration of foetid perspiration.—Ed.]

Quinine, Untoward Effects of.—An army officer for whom quinine was prescribed in one-grain pills (one to be taken every hour), although he protested he "couldn't take quinine," after three hours presented marked cinchonism with erysipelatous erythema of the face, followed by signs of collapse and mental delirium. The effects lasted about four weeks.—*Medical Age*.

Whooping Cough.—Every case may be ameliorated either by modifying the severity, or diminishing the number of paroxysms; in many instances both may be influenced.

Remedies, sedative in character, with fresh air afford the best results.

A remedy if of service will manifest its beneficial effects within twenty-four to forty-eight hours.

The best results are obtained when antipyrin and bromide are commenced at the height of the paroxysmal stage, and then pushed. These being sedative in character, the effect may be lost in a prolonged case, necessitating a change.

Children may have whooping cough without the "whoop."—*Red Cross Notes.*

Pilocarpine, Therapeutics of.—In orchitis administer in one-eighth grain doses along with one-half grain codeine; continue until copious perspiration is induced.

The same combination, employed in like manner, has proved useful in the painful attacks of gall-stone and renal calculi. The drug is also most useful in the management of certain forms of hic-cough, and in stricture and obstructions of the bowels.

Ranula is quickly removed by one-sixth grain of the alkaloid employed hypodermatically.—HARNSBERGER (*Medical Review.*)

Warts and Moles, To Remove.—The growth to be treated should be walled in with a bit of wax, vaselin, or mutton tallow, and then a drop of solution sodium ethylate placed on its very tip; after two or three minutes any remaining portion should be absorbed with a blotter. A caustic effect occurs which kills quite deeply, forming a dark scab which peels off and leaves the parts normal. If the growth is quite thick, one or two subsequent treatments may be required; but wait and see what one does before applying another.—ABBOTT (*The Alkaloidal Clinic.*)

Aortic Insufficiency.—

When this condition is a concomitant of acute articular rheumatism, the follow-

ing, in tablespoonful doses, repeated every fourth hour, will be found most effective:

- R. Sparteine sulphate.....3 grains.
Digitalis infusion.....2 ounces.
Syrup bitter orange.....2 ounces.
Gum Arabic water.....4 ounces.

—*Riforma Medica.*

Scalp Ringworm.—

- R. Corrosive sublimate....1-6 grain.
Acid tartaric.....8 grains.
Cocaine muriate.....15 grains.
Alcohol and distilled water,
of each.....8 drachms.

Scrape the affected parts well and make multiple subcutaneous injections of this solution.—DU CASTEL (*Munchiner Medicinische Wochenschrift.*)

Rheumatism, Chronic.—

- R. Potassium iodide....2 drachms.
Wine colchicum root.2½ drachms.
Peppermint water (or other
flavor) to make.....3 ounces.
A teaspoonful every four hours.

—*The Practitioner* (London).

Diarrhoea, Infantile.—

- R. Lactic acid.....36 grains.
Quince syrup.....1 ounce.
Distilled water.....1 ounce.
Teaspoonful every two hours.

Thiercelin advocates lactic acid in dose of not less than 3 grains, daily, in children of less than one-year old.—*Gazetta Medica Lombarda.*

Ethyl Bromide.—The advantages of this drug as an anæsthetic are, briefly:

The short time required to procure unconsciousness:

The small quantity required, and its subsequent rapid elimination:

The simplicity of administration:

The comparative freedom from unpleasant sequelæ, headaches, nausea, vomiting, etc.—KRUSEN (*Phila. Medical Journal.*)

Medical Progress.

THE MEDICAL PROFESSION AND THE LAYITY.

Two opposing facts co-exist regarding the duty of the public to the medical profession: One is, that the last two decades have witnessed an unexampled advance in the science and practice of medicine and surgery amounting almost to a revolution, and the other, that the popular mind is daily growing more prone to return to old superstitions in medicine, or to invent new ones even more absurd. Side by side with the astounding achievements of bacteriology, of antiseptics, and of skiagraphy, we have the inane drivel of "Christian Science" and the ridiculous pretensions of "osteopathy;" and the public seem to be about as much impressed in one direction as in the other, and entirely incapable of forming a rational judgment.

That blame attaches to the medical profession for this anomalous situation cannot, I think, be successfully denied. No idea, however meretricious, is ever sufficiently championed by those not directly engaged in its development. No subject will ever be thoroughly understood by the world, or fully enlist the interest of the public, unless those most conversant with it will act as educators in its behalf. And this, I believe, is the explanation of the failure of scientific medicine to obtain that hold upon popular recognition and respect which it obviously deserves, while the most impudent and absurd parodies are eagerly accepted by a credulous public. For this ignorance who is responsible if not the medical profession itself? We have been content to develop our science by original investigation and by accumulation of clinical experience, and to keep the results to ourselves as if they had no interest for those without the pale; and this attitude on our part has been met by a corresponding attitude of the world at large. The world has outgrown the mental habits of the scholastic age, and refuses to accept important conclusions on the simple dictum of "authority." It demands to be taken into the confidence of the schoolmen and at least to have the compliment paid it of being thought competent to understand what it is asked to believe. In all other branches of science

this is freely accorded. The utmost publicity is given to each new discovery, and the principles involved are fully discussed in popular language for the benefit of the public. Only in medicine is it considered unprofessional and undignified to give out anything to satisfy the interest of the laity in matters concerning which they are assumed to be incompetent of judging.

A dead language, even, is employed in writing prescriptions. Consultations are conducted in secret, and conversation between medical men in the presence of a layman is veiled in technical terms which are calculated to inspire him with awe, or perchance, distrust. Popular writings or popular lectures on medical topics are frowned upon as ill-disguised attempts at advertising. It seems to be no concern of the profession that the public should have correct ideas in regard to medicine, or in fact, any ideas at all.

Contrast with this the methods of, for example, Christian Science. Here all they have is fully discussed, the only trouble with them being that there is so little of it. If they had more they would tell more. Their candle is not hid under a bushel, but put upon the highest candlestick they can command. Their principles, such as they are, are open to inspection, and many people imagine that they find them sufficient and conclusive. There can be no doubt at all events, that they are thoroughly interpreted by those who stand for them.

To very many fairly intelligent persons this open discussion, however unsound the premises may be, appeals more strongly than the shadowy glimpse they are able to obtain of legitimate medicine. And this will come to be more and more the case unless the profession awakens to a sense of the obligation that rests upon it to impart to the public the information needed for a correct judgment upon matters of this kind.

Papers and lectures in popular language on medical subjects, by medical men of recognized position and ability, and published by the daily press, could be made extremely valuable in bringing the profession and the public into mutually helpful relations. An intelligent comprehension of what medicine has accomplished and what it aims to yet accomplish, together with its necessary limitations, would remove a great deal of popular misapprehension. This misapprehension in-

cludes in about equal proportion extravagant ideas of what medicine can do, and skepticism as to its ability to do anything. It is certainly very desirable that the laity should be able to settle down to a just medium between these extremes. It is as regrettable, for instance, that the notion should find credence that the X-ray has opened to view all the morbid phenomena occurring within the body, as that the idea should take possession of the public mind that in reality we know little or nothing about these phenomena.

The world has a right to know, and it is our duty to tell just what progress we are making day by day; the steps by which results are obtained, the difficulties we meet, the uncertainties which are still to be cleared up, the problems which are pressing for solution; even the errors we have fallen into in making our deductions. Such a frank and open course would command confidence and silence criticism and blatant charlatanry, and thus open the way to greater liberality of feeling and a more complete fulfilment of the duty which the public owes to the medical profession.—A. H. SMITH (*American Medicine*.)

"Kissing the Book."—

We are glad to see that some progress is being made toward the abolition of the uncleanly and dangerous practice of administering the oath by requiring a witness to "kiss the Book." * * * * "If you have got a fad about microbes you should say so, and I will swear you Scotch fashion," said a judge. This offer marks a distinct advance, although it would have been more satisfactory had the judge set an example and carried out the law in a more gracious fashion. * * * * The City Press is responsible for the statement that the two Testaments in the City of London Court are kissed by 30,000 persons annually, while a police court usher recently stated the covers of his Testament are worn smooth and well polished from the pressure of numberless lips, some 49,760 witnesses being sworn annually. There can be no question whatever about the right to be sworn in the Scotch fashion. * * * * We are informed that the members of the Leyton Medical Society have agreed invariably to adopt this form, and the matter is one up-

on which the medical profession might very well continue to preach by example.
—*British Medical Journal*.

The "Refracting Optician."—

Every man can instance many examples where harm has been done by the pseudo-profession of opticians. A mother, at the instance of a teacher, took her son, a lad of 8 or 10, to one of these fakirs with the history of dullness in school and poor vision. Unable to improve the visual acuity of the boy by any glass, he jumped at the conclusion that there was some cerebral trouble, and, telling the mother that there was inflammation of the optic nerve, advised her, not as one would suppose, to see a physician, but to give the boy some strychnia. She obtained from a druggist tablets containing one-sixtieth of a grain of the drug and proceeded to feed the boy upon them, thinking that the prescriber was a doctor and that he would not advise her to do anything that was harmful. As a result convulsions occurred and a dangerous termination was only averted by a timely knowledge of the treatment he was undergoing. The vision was easily improved by proper lenses and no further trouble was experienced.

Again, a lad with a vision of one-fiftieth was wearing concave spherical glasses of 12 diopters, with no improvement of vision, while his refraction was hypermetropic and required for correction a convex glass of 9 diopters,—a difference of 21 diopters.

A man recently entered the Rhode Island Hospital with a diagnosis of "inflammation of the optic neuritis," and another with a detached retina, both for an operation for cataract; a lady recently had her glasses changed four times in as many months, with a steady impairment of vision, who was suffering from albuminuric retinitis and who died within a few weeks after the diagnosis was made and the condition ascertained. So example after example might be quoted where injury to the patient resulted both by incorrect adaptation of lenses and failure to recognize existing morbid processes.

This is not, however, a plea for special legislation, but an appeal to the profession to discourage the practice of consult-

ing incompetent men for ocular defects. There is no selfish or pecuniary consideration to this question; on the contrary every one of the dozens of incompetent men who are doing this work are manufacturing future patients for the physician; but the welfare of the community demands that the profession take a decided stand on this question. They have in their power to control this evil within at least moderate bounds."—*The Providence Medical Journal*.

Intestinal Obstruction (Infantile).—

A patient twenty months old, of good family history, when first seen was much emaciated, with evidence of pain, abdominal distension, but no tenderness; there was no vomiting and the bowels were regular. While under observation, the child grew suddenly worse and died before permission to operate was procured. On post-mortem a stricture of the ileum, which only admitted a probe, was found. The condition was, undoubtedly, congenital, and is supposed to have arisen in connection with the involution of the embryonic vitelline duct. Had the lesion been recognized, by feeding the child on soft, easily digestible food its life might have been prolonged. By way of operative treatment, the intestine just above the stricture might have been brought out of the abdominal wound, opened, and a subsequent anastomosis done.—GROVES (*British Medical Journal*.)

Circumcision as a Preventive of Venereal.—

It is not likely the practice of circumcision will ever become universal, but the reasons that have been put forward should be sufficient to warrant its continuance and extending the field of its application. For those who see in it no religious justification, there is abundant reason of a less spiritual character for its performance; and the physician has at command a potent means for restricting the ravages of a disease that he cannot hope ever entirely to eradicate, and which, while ordinarily amenable to treatment, is still capable of causing much suffering to innocent and guilty, to transgressor and victim alike.—*The Medical Record*.

Intussusception.—

During seven years I have operated on forty cases with a mortality of 45.5 per cent. In those in which recovery followed, the operation was performed twenty-four hours after the onset of the symptoms—showing the importance of early recognition of the condition. Diarrhoea may precede the attack, during which sudden, severe pain with passage of small, bloody, slimy stools occur; a sausage-shaped tumor may be felt through the distended abdomen. The intussusception sometimes descends into the rectum and through the anus. In acute cases after a few hours there are usually symptoms of intestinal obstruction. Reduction, under anaesthesia, with the buttocks elevated, by means of the injection into the bowel of a pint of warm water or oil may be tried; should this fail the abdomen should be opened at once, and the invagination reduced. Should the bowel be torn or this method fail, resection must be performed.—CLUBBS (*The Lancet*, London.)

Role of the Prostate.—

Removal of the anterior lobes of the prostate in rats has no effect on breeding; but in a certain number it diminishes the fecundating power; and in a few it is destroyed entirely. Complete excision has a very marked effect on fecundity, reducing it to almost nil when the gland is entirely removed. Partial or complete removal of the prostate has no effect upon the sexual desire and capacity. Complete removal of the gland in the adult animal has no effect on the histological structure of the testicles; complete removal in the young animal has no effect upon the subsequent development of the testes.—WALKER (*Bulletin Johns Hopkins Hospital*.)

Displacement of Liver.—A young man, aged 25, for the past ten years had repeated attacks of asthma; also had pleurisy on the right side three times. The lower border of the liver was below the umbilicus, and percussion over the normal position of the organ elicited a tympanitic note. Rest in bed always resulted beneficially. The interesting point is, that the case was associated with definite attacks of spasmodic asthma.—H. B. ANDERSON (before the Toronto Clinical Society.)

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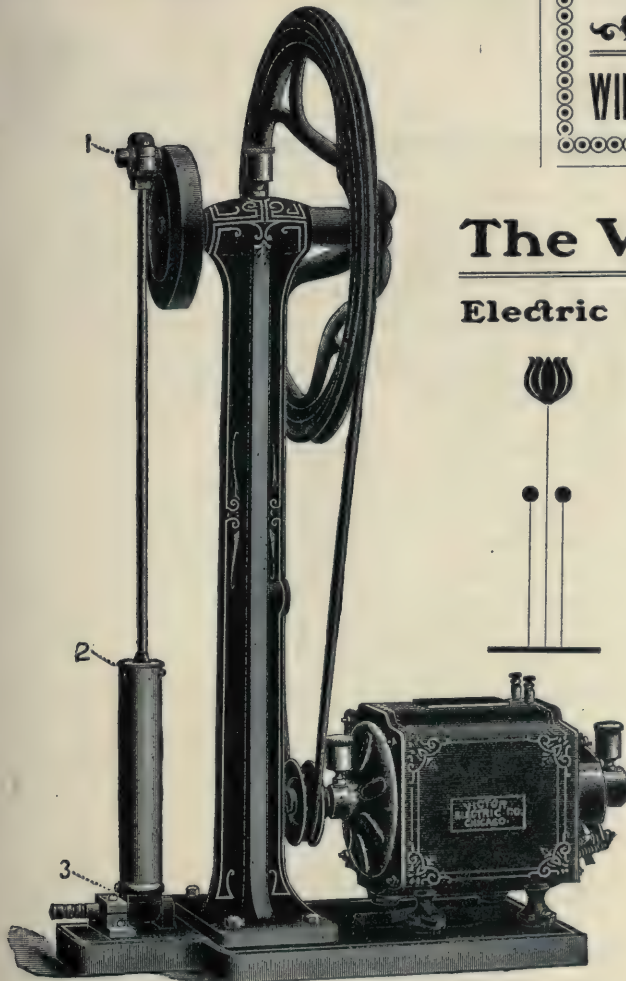
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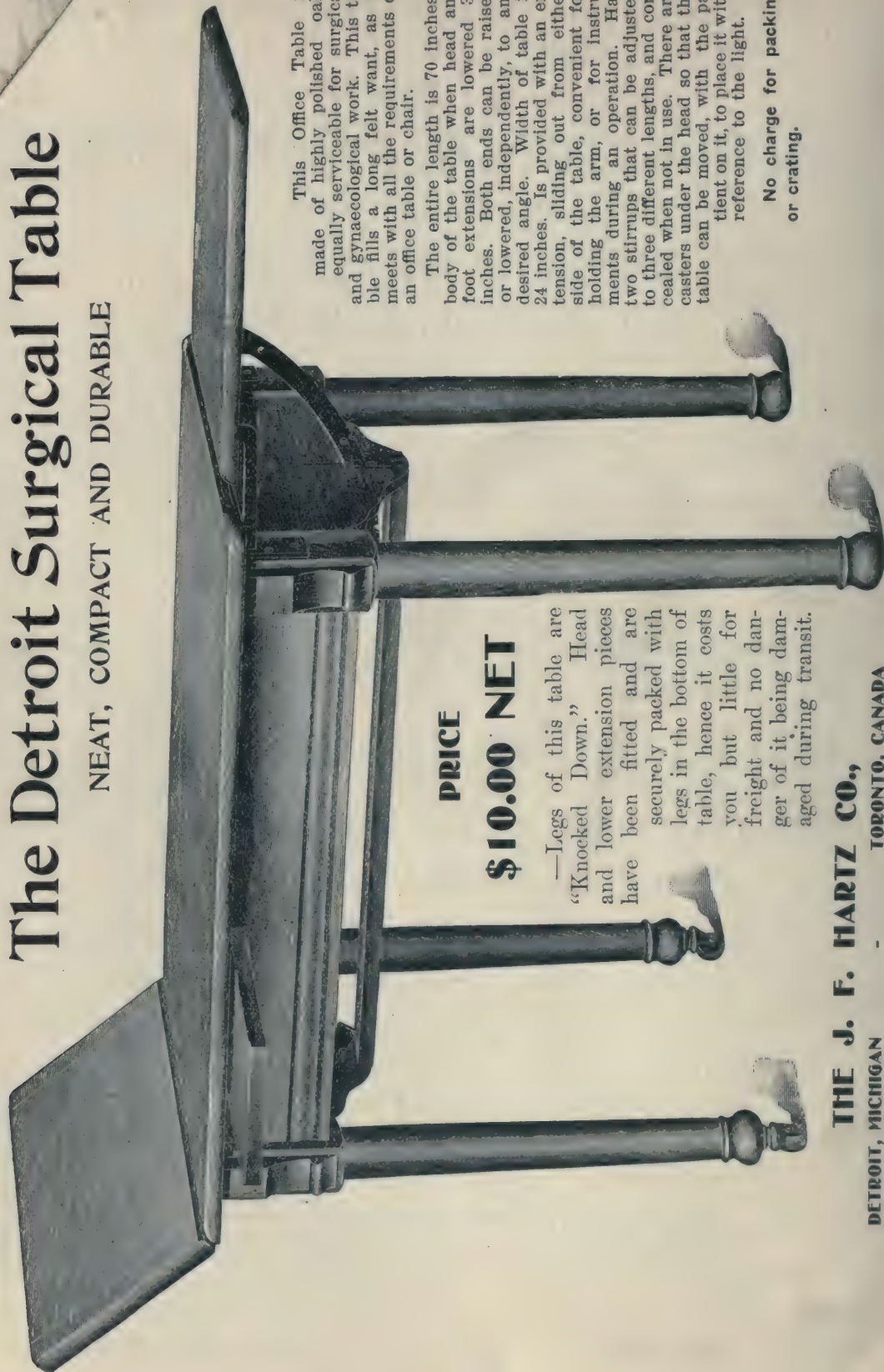
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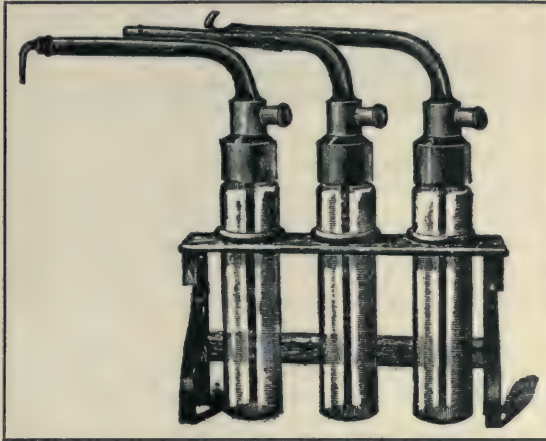
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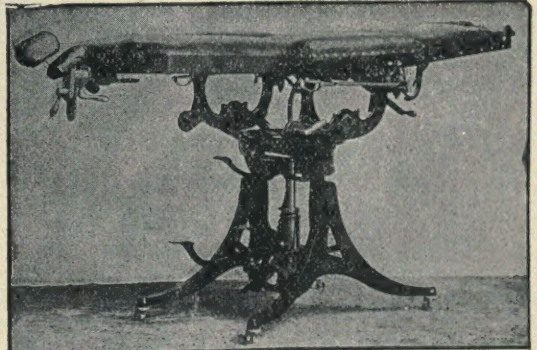
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